UNITED NATIONS

ECONOMIC AND SOCIAL COUNCIL

Distr.
GENERAL

E/CN.7/1994/4
21 January 1994

ORIGINAL: ENGLISH

COMMISSION ON NARCOTIC DRUGS
Thirty-seventh session
Vienna, 13-22 April 1994
Item 3 of the provisonal agenda*

GENERAL DEBATE: EXAMINATION OF THE WORLD SITUATION WITH RESPECT TO DRUG ABUSE, INCLUDING ILLICIT DEMAND, ILLICIT TRAFFICKING AND ILLICIT SUPPLY

Drug abuse: extent, patterns and trends, 1983-1992

Report of the Secretariat

CONTENTS

		Paragraphs	Page
INTRODUCTION		1	3
I.	DRUG ABUSE INFORMATION: REPORTING AND DEVELOPMENTS	2-7	3
II.	TRENDS IN DRUG ABUSE	8-102	4
	A. Africa	17-23	6
	B. Americas	24-38	7
	C. Asia and the Pacific	39-57	8
	D. Europe	58-90	10
	E. Near and Middle East	91-102	15
III.	COSTS AND CONSEQUENCES OF DRUG ABUSE	103-112	16
IV.	NATIONAL RESPONSES TO DRUG ABUSE AND ITS CONSEQUENCES	113-150	18
	A. Prevention	124-131	20
	B. Treatment and rehabilitation	132-146	22
	C. Towards a balanced approach	147-150	24

*E/CN.7/1994/1.

V.94-20367 9297T

Summary

Special efforts need to be made to improve drug monitoring as required by the international drug control treaties. Such efforts include closer collaboration with Governments in preparing the country, regional and global profiles, improvement of the annual reports questionnaire and the response to it, and the preparation of summaries of relevant recent research.

Illicit drug cultivation, production, trafficking and abuse are reported to have raised levels of market distortion and crime, corruption, violence, insurgency, human immunodeficiency virus (HIV) infection and death rates. There is increasing concern over the related socio-economic consequences and political stability.

In their reports, Governments have invariably acknowledged costs and consequences of drug abuse, yet few have assessed them systematically. Concern over the spread of HIV has been reported most frequently.

There is increasing evidence that national strategies that are balanced, encompassing legislation and law enforcement, prevention and treatment, tend to be more effective in reducing drug abuse. More Governments have reported that they have adopted such strategies.

The high cost of law enforcement measures and especially imprisonment, as well as their limitations, has led some countries to explore alternatives. There is a growing belief that significant reductions in illicit drug supply will require continued regional and international efforts, as well as a considerable reduction in illicit drug demand. As the relative effectiveness of prevention and treatment programmes has become known, attempts have been made in many countries to strike a balance between activities aimed at reducing illicit supply and those aimed at illicit demand.

INTRODUCTION

1. The present report was prepared pursuant to the mandate of the United Nations International Drug Control Programme (UNDCP) relating to the monitoring of drug abuse, its consequences and national responses to reduce them. The report is based first on replies to the annual reports questionnaire for the period from 1983 to 1992 inclusive and secondly on information provided by data collection officials and regional organizations (for more details, see the regional profiles and the country profiles, which have been prepared for countries whose Governments submitted reports).

I. DRUG ABUSE INFORMATION: REPORTING AND DEVELOPMENTS

2. Making effective decisions about drug control policies and programmes requires reliable information on the extent of drug abuse, the characteristics of abusers, the consequences of drug abuse and the usefulness of programmes adopted to reduce drug abuse and its consequences. The response rate for the annual reports questionnaire, as noted in previous reports on the subject submitted to the Commission on Narcotic Drugs, has remained low, subject to high variability and limited validity. Replies have consisted of a combination of qualitative and quantitative data that do not fit into well-defined categories and are thus hardly comparable. Data collection and analysis resources are limited in many reporting countries, as well as in UNDCP headquarters, and the synthesis of existing research is often lacking.

3. UNDCP has begun a systematic review of data collected from 1983 to 1992 inclusive, of the annual reports questionnaire itself and of related reporting procedures. Preliminary findings of this review indicate that much work needs to be done to improve the timeliness of the reporting, to increase the consistency of the reporting from year to year and to improve the quality of the questionnaire and the replies to it. Basic standard reporting needs to be developed to improve comparability. Furthermore, there is an urgent need to develop effective alternative strategies for data collection, in order to improve drug monitoring as required by the international drug control treaties.

4. According to information obtained from the annual reports questionnaire, data vary depending on the state of research in each country. Some countries have established good research and statistical practices while others have not. Furthermore, differences in comparability have made the analysis of reported data difficult. Monitoring instruments, such as registers, surveys, qualitative and attitudinal studies, and research on costs and consequences, remain scarce. Some Governments have reported that national prevalence surveys are not feasible in their countries. And yet others have undertaken significant research to assess the drug abuse situation as part of efforts to develop a national strategy to curb the problem. There is evidence indicating that in countries where attempts had been made to consolidate information, positive results could be observed in drug abuse monitoring, policy planning and programme development.

5. According to preliminary assessments based on information from national focal points for collecting data on illicit drug supply and demand reduction and from the annual reports questionnaire, many Governments wish to develop drug monitoring systems but need assistance to do it. Collaboration is taking place at the regional level to strengthen national focal points for collecting data on illicit drug supply and demand reduction; but more regional projects are needed to improve data collection and reporting.

6. Alternatives to part II of the annual reports questionnaire are under review. In the meantime, three useful steps could be taken by reporting countries. First, Governments could send to UNDCP key drug-related reports such as national surveys and annual reports. Secondly, Governments that could benefit from UNDCP assistance in preparing brief country profiles on drug abuse could contact UNDCP. Thirdly, a brief survey could be used to monitor the opinions of national informants on key issues related to illicit drug supply and demand reduction. On the basis of the information supplied in response to those three steps, UNDCP could prepare country profiles and regional and global summaries and distribute them to targeted policy makers and practitioners.

7. Given the limitations of existing information collected by means of the annual reports questionnaire, UNDCP could prepare three global reports, based on published research, to improve the quality and validity of monitoring of the drug abuse situation: a report on drug abuse and related consequences, based on national surveys and related research; a report on national responses to drug abuse and its consequences, focusing on effective strategies to reduce illicit drug supply and demand, based on evaluation studies; and a special report on a subject to be determined by the Commission each year.

II. TRENDS IN DRUG ABUSE

8. In the period 1983-1992, illicit drug supply and demand were of great concern to most reporting countries. Most Governments reported a high prevalence of drug abuse among men. Yet drug abuse among women was reported to be increasing and was often attributed to their integration in the labour market. Drug abuse tended to be more pronounced among young adults, persons aged 25-35; but it was common among persons in older age groups as well, especially in areas where traditional drug abuse prevailed. Reports indicated that drug abuse tended to be concentrated in urban centres. Drug abuse in rural areas, however, was significant, especially in border areas, where certain traditions and the availability of drugs facilitated their abuse.

9. There was increasing concern over the abuse of "designer drugs" and non-psychoactive substances. Steroids, reported to have been abused initially in competitive sports, became widely used to enhance body-building. Consequently, in some countries the use of steroids was placed under regulation. That development indicated the need to review periodically the lists of drugs subject to the international drug control treaties.

10. Illicit drug demand was increasing in most reporting countries in the Americas, with the exception of the Bahamas, Canada, Ecuador and the United States of America. The greater illicit drug demand in the Americas was attributed to increased availability and lower prices, deteriorating economic conditions, unemployment and family disintegration. Some reports indicated that pressure on Governments to reduce spending had led to weakened social support systems, resulting in homelessness, mental illness and drug dependence.

11. Illicit drug demand was increasing or stable in most reporting countries in Asia and the Pacific; exceptions included the Republic of Korea, Singapore and Sri Lanka, where there were falling trends, and Indonesia and Maldives, where drug abuse was not of much concern, according to official reports. There was widespread abuse of heroin, opium, amphetamines, codeine (in the form of cough mixture) and psychotropic substances, such as tranquillizers, in the region. Often prescription drugs were obtained on the illicit market.

The greater illicit demand in Asia and the Pacific was attributed to persistent traditional abuse, increased availability and lower prices, income too low to sustain the basic needs of farmers, rapid urbanization, the cross-cultural influence of the media and tourism, stress among specific groups of workers such as transportation employees, deteriorating economic conditions, unemployment and family disintegration.

12. Illicit drug demand was increasing in all countries in Africa, eastern Europe and the Near and Middle East, according to official reports.

13. Increases in illicit drug demand in eastern Europe were attributed to the socio-economic crisis affecting the region, especially high unemployment. Multiple drug abuse was reported to be spreading. The increased illicit drug supply in eastern Europe was associated with the rise in drug trafficking, which was considered an additional source of income, the opening of the borders between East and West having facilitated contacts between drug traffickers and made many eastern European countries part of important transit routes and targets for illicit drug market development. It appeared that customs controls and other law enforcement measures had not been sufficient. In some countries, the production of certain drugs increased. Furthermore, it was suspected that drugs were being used to finance the purchase of arms employed in ethnic conflicts, thus contributing to the increasing illicit drug supply in all parts of Europe.

14. Increases in illicit drug demand in the Near and Middle East were attributed to the traditional cultivation and abuse of cannabis and, in some cases, khat (Catha edulis). Multiple drug abuse was reported to be spreading, as local traffickers often bartered indigenous drugs for illicit drugs produced elsehwere. The increase in illicit drug demand was also attributed to deteriorating economic conditions in some countries and to stress caused by war. Furthermore, increases in illicit drug supply were associated with the use of drug trafficking to finance the purchase of arms employed in conflicts, the opening of the borders between East and West, facilitating contacts between drug traffickers and making some countries in the Near and Middle East (Iran (Islamic Republic of) and Israel) part of important transit routes and targets for illicit drug market development.

15. Decreases in illicit drug demand were attributed to the existence of balanced comprehensive strategies aimed at reducing both illicit drug supply and demand and consisting of legislation, law enforcement, community involvement, prevention and treatment. Some Governments reported, however, that stronger emphasis on legislation and law enforcement had proved effective.

16. The illicit demand for drugs was increasing in most reporting countries in western Europe. Exceptions included Austria, Cyprus, France, Norway, Portugal and Sweden, where abuse was decreasing, and Iceland and Malta, where abuse was not of much concern, according to official reports. The greater illicit drug demand in Europe was attributed to increased availability and lower prices, transit trafficking through "border" countries (Finland), and anabolic steroid abuse not necessarily in connection with sports (Belgium). Drug abuse increased among all social groups, but in some countries it was more pronounced among the relatively disadvantaged and displaced migrants (Denmark and the Netherlands). The number of drug-related deaths increased in some countries; in at least one country (Austria), it was attributed to a rise in multiple drug abuse.

A. Africa

17. In the period 1983-1992, there was increasing concern in some African countries over the illicit demand for drugs, according to reports submitted to UNDCP, but data remained scarce and of limited validity. A slow but steady increase in drug abuse was reported. Cannabis was widely abused in northern Africa, but to a lesser extent in Mauritius, Namibia and the United Republic of Tanzania. Cocaine abuse was reported in Côte d'Ivoire, Ghana, Mauritius, Nigeria and South Africa. Heroin abuse was reported in Chad, Côte d'Ivoire, Ghana, Mauritius, South Africa and United Republic of Tanzania. African Governments reported that benzodiazepines had presented problems in the period 1986-1992. Significant drug abuse was reported in northern and western Africa; and Madagascar, Mauritius and South Africa reported increased concern over drug problems. Several Governments reported on the consumption of khat and other indigenous plants that did not fall within the scope of control of the international drug control treaties.

18. The pattern of drug abuse in South Africa appeared different from that in the other countries in the region: according to reports, more drugs were abused in that country than in other countries in the region and there was a persistent problem with inhalants and methaqualone.

19. According to the replies to the annual reports questionnaire, concern over drug abuse elsewhere in Africa appeared to be limited. There was, however, a need to monitor closely the consumption patterns of cannabis in Namibia and the United Republic of Tanzania, of cocaine and heroin in Mauritius and of heroin in Côte d'Ivoire and to encourage those countries to initiate programmes for illicit demand reduction.

Drug abuse of limited concern but increasing

20. In South Africa, an increase was reported in the availability and abuse of illicit drugs, especially methaqualone, heroin, cocaine and synthetic analgesics (Wellcanol). A marked increase was also reported in the abuse of substances such as solvents, medicines and plant products, partly because they were more available and cheaper than other drugs of abuse.

21. In the Sudan, a large increase in the abuse of cocaine, barbiturates and other, "unspecified" drugs was reported for 1991. A large decrease was reported in the abuse of heroin and cannabis. The decrease in cannabis abuse was a result of reduced availability due to law enforcement and crop eradication efforts.

22. In the United Republic of Tanzania, some increase in the abuse of heroin, cocaine, khat and volatile solvents was reported for 1991. Khat abuse, cultivation and possession were made illegal in 1991. The abuse of other drugs remained stable. Trafficking in and the availability of heroin and cocaine increased. Street children were reported to be increasingly sniffing volatile solvents and chewing khat.

23. In Zambia, some increase in the abuse of heroin was reported for 1990. Cannabis abuse was reported to be stable.

B. Americas

1. Drug abuse significant and on the rise

24. Argentina reported a significant increase in the abuse of cocaine and synthetic narcotics in 1988, as well as some increase in the abuse of tranquillizers compared with the 1970s. The rise in cocaine abuse was attributed to increased availability and lower prices associated with transit traffic in the country.

25. Bolivia reported for 1991 an increase in the consumption of the following illicit drugs: heroin, synthetic narcotic analgesics, cocaine and coca paste, hallucinogens, other sedatives, and volatile solvents. Annual prevalence (abuse at least once a year) and daily abuse increased by 2 per cent and 1 per cent, respectively, over a period of approximately 10 years.

26. Brazil reported that the proportion of persons who had abused drugs at least once in their lifetime ("ever" abuse) had increased from 21 per cent in 1987 to 26 per cent in 1989. Frequent drug consumption among students was increasing at a rate of nearly 25 per cent every two years. In 1980, only 3 out of 100 students at Rio de Janeiro had consumed drugs; in 1991, the figure was 20 out of 100.

27. Chile reported some increase in cocaine abuse in 1991. That was attributed to deteriorating economic conditions, unemployment, and increased availability of cocaine, especially in the northern part of the country.

28. In Colombia, the prevalence of cannabis and basuco (coca paste) abuse remained stable between 1983 and 1989. Cocaine consumption, however, increased more than threefold. Colombia also reported an increase in the consumption of heroin and some decrease in cocaine abuse in 1992. The consumption of cannabis remained stable.

29. Costa Rica reported that, in 1992, there was a significant increase in the abuse of cocaine, crack and cannabis, as well as some increase in the abuse of opiates, synthetic narcotic analgesics, amphetamines, barbiturates, tranquillizers and other sedatives. The abuse of hallucinogens remained stable.

30. The Dominican Republic reported some increase in the abuse of cannabis, synthetic opiates, amphetamines, methamphetamines and inhalants in 1990.

31. Guatemala reported a significant increase in the abuse of cannabis, barbiturates and tranquillizers in 1991. Some increase in the abuse of hallucinogens and inhalants was also reported. Those increases were attributed to family problems and increased supply. For example, 124 brands of diazepam were available on the illicit market.

32. The Netherlands Antilles reported some increase in the abuse of cocaine in 1990; it was attributed to low price and increased availability. Cannabis abuse was decreasing. Both cannabis and cocaine were abused by persons of all social classes and all ages but no estimates were available.

33. Panama reported a significant increase in the abuse of both cocaine and basuco in 1988; in addition, there was an increase in the abuse of cannabis.

34. Venezuela reported a large increase in the abuse of cocaine and coca paste in 1990, in addition to some increase in the abuse of inhalants. Those increases were associated with an increase in illicit trafficking, social pressure, and social deterioration due to inflation and poverty.

2. Drug abuse significant but decreasing

35. The Bahamas reported some decrease in the abuse of cocaine and cannabis in 1989 and 1990.

36. In Canada, cannabis abuse declined markedly from 1980 to 1985 and stabilized from 1985 to 1989. An upward trend in the abuse and availability of cocaine continued into 1991.

37. In Ecuador, clear trends could not be determined from information provided to UNDCP. According to a student survey conducted at Quito, however, the prevalence of abuse was estimated at 13.1 per cent in 1979, before rising to 16.1 per cent in 1982 and declining to 11 per cent in 1984.

38. In the United States, no increase was reported in drug abuse in 1992. The abuse of most drugs remained stable, and there was a decrease reported in the abuse of cocaine, stimulants and inhalants. The number of illicit drug abusers in the United States, which had reached its peak in 1979, dropped from 12.8 million in 1991 to 11.4 million in 1992. The decrease in prevalence occurred among younger people, but not among older adults. A gradual but fundamental shift in students' perceptions was attributed to the impact of education and information on young people.

C. Asia and the Pacific

1. Drug abuse significant and on the rise

39. Bangladesh reported concern over heroin, opium, cannabis and alcohol abuse in 1993. No data were available to confirm reports that there were about 100,000 heroin-dependent persons.

40. In Brunei Darussalam, as in other countries in Asia and the Pacific, a consistent pattern of abuse of codeine, mostly in the form of cough mixture, and the abuse of psychotropic substances such as tranquillizers were reported for 1992.

41. China reported an increase in opiate abuse throughout the country in 1993; however, that abuse was concentrated in the border province of Yunnan and was partly attributed to the increased availability of opiates associated with the use of China as a transit country by traffickers from the Golden Triangle (the area where the Lao People's Democratic Republic, Myanmar and Thailand meet).

42. In Hong Kong, it was reported that, from 1990 to 1991, there had been an increase of about 14 per cent in newly registered abusers, most of whom were under 21 years of age. The most prevalent drug of abuse was heroin. The abuse of cough medicine containing codeine also increased, from 6.5 per cent in 1990 to 9.5 per cent in 1991. Drug abuse was prevalent among about 1 per cent of the population over 15. The abuse of tranquillizers decreased from about 5 per cent in 1990 to 1.4 per cent in 1991, following two years of sharp increases.

43. India reported an increase in the abuse of all drugs in all segments of society in 1993; that was attributed to a rise in illicit trafficking from across the border and to urbanization. Registries of drug-dependent persons recorded significant increases from 1987 to 1990, but only small increases from 1990 to 1993. In the period 1992-1993, the registered abusers were dependent on alcohol (53 per cent), opium (about 17 per cent), heroin (5 per cent), "smack/sugar" (13 per cent) and other drugs (13 per cent).

44. Myanmar reported a steady increase in the abuse of opium and heroin since 1970. The abuse of other drugs was not considered a problem in 1993.

45. Thailand reported 45,000 new drug abusers per year. The most prevalent drugs were heroin and cannabis, according to a 1993 report. Opium was prevalent in the north of the country. Amphetamines were increasingly being used by truck drivers and fishermen and volatile solvents were being used by youth.

46. Viet Nam reported on the prevalence of opium smoking in its mountainous northern areas (about 2 per cent) and on the increasing prevalence of opium and heroin abuse by injection in urban centres (about 0.5 per cent) in 1991. Cannabis was abused mainly in the southern part of the country.

2. Drug abuse significant but mostly stable

47. Australia reported that in 1992 the figures for "ever" abuse of drugs were stable. The rate for cannabis increased from 28 per cent in 1985 to 32 per cent in 1991 (annual prevalence: 13 per cent). The rate for barbiturates decreased from 9 per cent in 1985 to 5 per cent in 1991 (annual prevalence: 2 per cent). Small declines were noted in "ever" abuse of amphetamines (annual prevalence: 2 per cent), hallucinogens (annual prevalence: 2 per cent) and cocaine and crack (annual prevalence: 1 per cent). Small increases were reported in "ever" abuse of heroin, methylenedioxymethamphetamine (MDMA, also known as "ecstasy"), "designer" drugs and injected drugs (annual prevalence of each: 1 per cent).

48. Japan reported that in 1992 amphetamines, followed by cannabis, were the most prevalent drugs abused in the country. Heroin, opium and cocaine were not widely abused. According to law enforcement reports, drug abuse could rise in Japan because the country was targeted by illicit traffickers for increased supply, as well as a transit country.

49. Malaysia reported having registered 159,275 drugs-dependent persons in the period 1970-1991, of whom about 100,000 were estimated to be current drug abusers. About 7,750 persons were newly registered in 1992. Opiates were the main drugs of abuse among the persons registered (heroin: 67 per cent; morphine: 6 per cent), followed by cannabis (20 per cent).

50. In New Zealand, a high percentage of the population experimented with cannabis ("ever" abuse: 43 per cent) but annual prevalence was much lower (12 per cent), according to a 1991 report. The most common drug abuse combination was alcohol, tobacco and cannabis. Annual abuse of hallucinogens, amphetamines, cocaine and opiates was reported to be low and multiple abuse of those drugs was rare. The 1990 figure for "ever" abuse of lysergic acid diethylamide (LSD) was 6 per cent; for volatile solvents, the figure was 1 per cent.

51. The Philippines reported that in 1992 methamphetamine (referred to locally as "shabu") was the most prevalent drug of abuse; it was slightly more popular than cannabis. Data on admissions to treatment indicated that the number of abusers decreased by about 10 per cent. The abuse of cough syrup, tranquillizers and volatile solvents was limited and heroin abuse was insignificant.

3. Drug abuse significant but decreasing

52. The Republic of Korea reported a sharp decrease in the abuse of methamphetamine, based on 1992 arrest data. A shift towards cannabis abuse was reported to have resulted from intensified law enforcement efforts aimed at methamphetamine traffickers.

53. In Singapore, where 94 per cent of drug-dependent persons had tested positive for heroin, a decrease was reported in the prevalence of that drug, based on the declining number of arrests between 1977 and 1987.

54. In Sri Lanka, traditional cannabis and opium abuse, mainly among the elderly in rural areas, was declining as a result of intensified law enforcement activity. Heroin abuse increased between 1981 and 1992, according to arrest data, especially among the young and in centres of tourism.

4. Drug abuse of limited concern

55. Indonesia had neither registries of drug-dependent persons nor reliable data collection programmes with which to monitor drug abuse. The Ministry of Health and the police stated that 0.05 per cent of the population (or 90,000 persons) abused drugs, according to a 1993 report. Hospital records from Jakarta indicated that drug-dependent patients tended to be multiple drug abusers and that about 33 per cent of them were dependent on psychotropic substances (mainly tranquillizers), about 18 per cent abused alcohol, 8 per cent abused cannabis and 2 per cent abused opiates.

56. Maldives reported that in 1993 there was a slight increase in drug abuse in the country. It was attributed to tourists and to students returning from abroad.

57. Nepal reported having no reliable data collection programme for monitoring drug abuse. It was reported that in 1993 3-5 per cent of the population were dependent on alcohol and 0.01 per cent (or 25,000 persons) were dependent on other drugs. Among students, tobacco headed the list of "ever" abused substances, followed by alcohol (22 per cent), cannabis (6.1 per cent), cough syrup (4.5 per cent), tranquillizers (2.5 per cent), amphetamines (2.5 per cent), opium (2.5 per cent) and heroin (2.5 per cent).

D. Europe

1. Eastern Europe

(a) Drug abuse significant and increasing

58. Croatia reported large increases in the abuse of drugs, particularly opiates and cannabis, in 1992. Some increase was reported in the abuse of cocaine and amphetamine and in multiple drug abuse. The abuse of hallucinogens, sedatives and volatile solvents was stable. The age of heroin-dependent persons decreased. Estimated expenditure on illicit drugs and on

the consequences of drug abuse appeared to be high. The increase in illicit drug demand was attributed to stress caused by war, a decrease in the standard of living, the unstable political situation and a break in the continuity of prevention programmes (especially in schools). The increased availability of drugs was attributed to a weakening of law enforcement measures because of the war and to a large increase in "home-made" drugs. The illicit drug trade was regarded by many as a source of income.

59. Turkey reported that the abuse of volatile solvents had increased considerably and that abusers of such substances were younger (ages 9-22 in 1991 compared with ages 12-18 in 1989). The abuse of opiates and cannabis increased somewhat while cocaine abuse was stable, according to 1989 and 1991 reports.

(b) Drug abuse of limited concern but increasing

60. In Belarus, police reported a decrease in solvent abuse in 1993. That was attributed to the fact that the abuse of volatile solvents had been, to some extent, replaced by the abuse of other drugs, particularly cannabis. Cannabis had become popular among young people. LSD had recently been introduced, but there were few abusers.

61. Bulgaria reported that there had been an increase in illicit and licit drug abuse in recent years. The average age of drug abusers decreased. Youth as young as 14 years old were abusing drugs. Some abusers of volatile solvents were about 10 years old.

62. The former Czechoslovakia reported that the abuse of volatile solvents and codeine was stable in 1990. Some increase was reported in the abuse of amphetamines in 1990. A large increase in the abuse of cannabis and methamphetamine was reported for 1991. Those increases were attributed to socio-economic changes.

63. In Hungary, some increase was reported for 1989 in the abuse of pharmaceutical preparations (dihydrocodeine, codeine, glutethimide and benzodiazepines, taken in combination with ephedrine). The abuse of volatile solvents was stable. Isolated cases involving the abuse of poppy capsule extract were reported, as were cases involving the intravenous administration of substances.

64. Latvia reported some increases in the abuse of opium, heroin, cocaine, cannabis, hallucinogens and amphetamines, as well as in multiple drug abuse, in 1992. It also reported a decrease in the abuse of morphine, sedatives, volatile solvents, benzodiazepines, barbiturates and synthetic narcotic analgesics. The increases were attributed to the economic crisis, high unemployment and the emergence of illicit drug trafficking as a source of income. In addition, the opening of borders to western Europe had facilitated contacts between drug traffickers. Increased availability of "home-made" heroin was reported for 1992 and was attributed to an increase in poppy cultivation and the development of extraction technology. Insufficient customs controls resulted in increased imports and abuse of cannabis. Some cases involving crack and LSD abuse were reported for 1992. Multiple drug abuse was reported to be widespread.

65. In Poland, increases in illicit demand drug were attributed to a rise in unemployment and the deterioration of the economy in general. Increases in the illicit supply of amphetamines, poppy straw and low-morphine poppy were

attributed to the abolition of travel restrictions and weakened controls. An increase in the abuse of volatile solvents among young people was also reported, as was a significant increase in the illicit cocaine traffic.

66. In Romania, drug abuse was reported to be stable in 1992.

67. In the Russian Federation, a steady rise in the illegal distribution of narcotic drugs and an increase in the number of drug-dependent persons were reported for 1993. A decrease in the abuse of "home-made" poppy straw preparations was reported for 1992, as was some increase in the abuse of "home-made" cannabis preparations.

68. Slovenia reported that in 1993 drug abuse was a growing problem. More youth were abusing drugs.

69. Ukraine reported that in 1992 the abuse of heroin, cannabis, barbiturates and benzodiazepines remained stable. Drug abuse was reported to be spreading in rural areas. The acceptability of drug abuse, however, decreased in 1992 compared with 1991.

2. Western Europe

(a) Drug abuse significant and increasing

70. Belgium reported an increase in multiple drug abuse in 1991. Cocaine abuse increased slightly whereas heroin abuse remained stable. Abuse of "ecstasy" in the northern part of the country appeared to be increasing.

71. Denmark reported increased abuse of opiates, cannabis, volatile solvents and "ecstasy" in 1991 and decreased abuse of sedatives and amphetamines. The abuse of cocaine and hallucinogens was reported to be stable. The abuse of cannabis among students 14-16 years of age decreased from 28 per cent in 1970 to 16 per cent in 1990. "Ecstasy" had become a new fad among youth associated with music and dance subcultures. Multiple drug abuse was on the increase among second-generation immigrants to Denmark. The increase in the number of cannabis and amphetamine abusers was associated with unemployment.

72. Finland reported an increase in the abuse of narcotic medical preparations in combination with alcohol in 1991. The age of first drug abuse fell in 1991, but remained 2-3 years higher than in the early 1970s. Transit trafficking in Finland increased. According to police information, the abuse of cannabis and amphetamines was increasing.

73. Germany reported that current drug abuse among persons aged 12-29 increased from 4.5 per cent in 1986 to 6.2 per cent in 1990. The increase was more pronounced among persons aged 18-29. Data on new admissions to treatment in 1989 indicated an increase in the abuse of heroin and cocaine among persons aged 18-29.

74. Greece reported that, according to school surveys conducted in 1984 and 1988, drug abuse had decreased among persons aged 13-16 but had increased from 6.5 per cent to 8.1 per cent among older male teenagers. A decrease in the misuse of pharmaceutical drugs was reported for 1990. An increase in abuse of cocaine, sedative-type drugs, atropine-type drugs and opiates other than heroin was reported for 1992. The abuse of all other types of drugs was reported to

be stable. The number of drug-related deaths had increased steadily since 1980 (5 in 1980, compared with 72 in 1989).

75. Italy reported that heroin remained the main drug of abuse in that country. No decrease in heroin abuse was noted, as evidenced by the large number of deaths associated with such abuse (1,382 deaths in 1991, an increase of 19 per cent compared with the 1990 figure of 1,161). The abuse of cocaine, alone or in combination with heroin, was increasing. The availability of drugs on the illicit market was increasing. The abuse of cannabis appeared to be stable, according to a 1991 report.

76. Luxembourg reported that drug abuse had worsened in the second half of the 1980s, before levelling off at a higher level. An increase in the abuse of cocaine, cannabis and, in particular, heroin was reported for 1992. The availibility of heroin and cocaine had increased and their prices had become lower. There was a considerable decrease in the abuse of hallucinogens and, to a lesser extent, amphetamines. The abuse of sedative-type drugs remained stable, according to a 1992 report.

77. The United Kingdom of Great Britain and Northern Ireland reported an increase in drug abuse based on addict notifications, demand for treatment and seizure data. There was also an increase in the number of persons who had become dependent on cocaine for the first time. Seizures of crack had risen and problems associated with crack addiction were reported to be on the increase. Cocaine and crack abuse, together with the dramatic increase in "ecstasy" abuse were causes for particular concern. Furthermore, an increase in the abuse of amphetamines was reported. Seizures of all types of drugs at the street level rose in 1992. Cannabis abuse appeared relatively stable although a significant rise in seizures (63 per cent) was reported for 1992. Heroin abuse appeared to be stable, but it remained the most serious drug of abuse.

(b) Drug abuse significant but mostly stable

78. Ireland reported a large increase in the abuse of opiates, buprenorphine and, to a lesser extent, methadone in 1990. Serious drug abuse problems were believed to have been confined to the Dublin area. Eight out of 10 drug-dependent patients reported opiates to be their primary drug of abuse. Other drugs of abuse were cannabis, sedative-hypnotics, buprenorphine, volatile solvents and cocaine. One fifth of the patients had been abusing drugs for 10 years or more.

79. Netherlands reported that current and "ever" abuse of cannabis increased slightly between 1984 and 1988. The age at which schoolchildren started abusing cannabis increased from 13-14 years old in 1984 to 15-16 years old in the period 1988-1989. Cocaine abuse appeared low and stable in urban areas. Crack abuse was rare. Drug abuse increased among the disadvantaged, particularly among ethnic minorities from Morocco and Turkey. Figures for "ever" abuse were 6 per cent for cannabis, 2 per cent for stimulants and 1 per cent for other drugs of abuse.

80. Spain reported a decrease in the abuse of cannabis, amphetamines and hallucinogens (for example, LSD) in the last decade. For 1991, some increase was reported in the abuse of cocaine. The abuse of crack among marginal groups, especially heroin abusers, was on the increase. The abuse of other opiates remained stable. An increase in the abuse of "ecstasy" was reported. Annual

prevalence of sedatives was 7 per cent, followed by cannabis (5 per cent), cocaine (2 per cent) and amphetamines (1 per cent).

81. In Switzerland, cannabis, heroin and cocaine abuse had doubled since 1985. Drug-related deaths increased from 405 in 1991 to 419 in 1992. Synthetic drugs, crack and other types of drugs were consumed by a small proportion of the population and, consequently, reliable trends could not be reported. Studies on abusers in treatment centres showed an increase in multiple drug (cocaine, heroin and alcohol).

(c) Drug abuse significant but decreasing

82. Austria reported that heroin abuse had declined by about one third while cocaine abuse had doubled since 1985. Drug-related deaths increased and were attributed to a rise in multiple drug abuse (one third of the drug-related deaths reported in 1989 involved overdose of sedative-hypnotics), deteriorating physical, psychological and social conditions, suicide, acquired immunodeficiency syndrome (AIDS) and other drug-related diseases. Drug-related offences declined from 5,053 in 1984 to 4,829 in 1990. Drug seizures in 1990 rose by one third to 1,990; cannabis seizures tripled and cocaine seizures doubled. The amount of heroin seized decreased mainly because there were fewer large-scale seizures.

83. In France, drug-related arrests increased by 2.1 per cent between 1989 and 1990. The number of people charged with abusing and/or dealing in heroin had decreased by 15 per cent since 1987. In 1990, there were 24 per cent fewer cocaine-related arrests than in 1989. Cannabis-related arrests, however, increased by 8.36 per cent. The falling trend in opium-related arrests that had begun in 1986 continued into 1990, when such arrests accounted for 0.1 per cent of all drug-related arrests (compared with 0.26 per cent in 1986). The number and size of drug seizures increased between 1989 and 1990.

84. In Norway, no increase in the abuse of drugs was reported for 1991. The abuse of amphetamines, heroin, morphine and LSD among young people had remained stable since the early 1980s. Cannabis abuse decreased. The abuse of glue and other volatile solvents remained stable. Heroin was the preferred drug among injecting abusers. Drug abuse by injection decreased among new abusers but increased among hard-core addicts. New abusers were reported to be younger and to have more psychological problems. Ill health, criminality and mortality increased among hard-core addicts. Cannabis was the most prevalent drug abused among high-risk groups in 1991 (annual prevalence: 2.5 per cent).

85. In Portugal, cannabis was the most prevalent drug of abuse. It was followed by heroin, which was widely abused by intravenous drug users. Cocaine abuse was less widespread but its abuse, especially in combination with heroin, was increasing. Multiple drug abuse was reported to be common. The number and size of drug seizures had increased in recent years; that had been particularly true for heroin and cocaine. An increase was reported in cocaine- and heroin-related arrests, while cannabis-related arrests were stable. Demand for first-time treatment increased from 3,051 in 1987 to 4,844 in 1990. The age of drug abusers seeking treatment decreased.

86. Sweden reported that in 1990 cannabis was the most prevalent drug of abuse among both occasional and heavy abusers. It was followed by stimulants (mainly amphetamines), which accounted for 30 per cent of seizures, and psychotropic substances (mainly sleeping pills and tranquillizers). Occasional drug

experimentation among schoolchildren and military conscripts decreased. Heavy drug abuse remained stable during the period 1983-1992. Amphetamine abuse, however, was increasing, especially, among intravenous drug abusers.

(d) Drug abuse of limited concern

87. In Cyprus, drug abuse was not considered a serious problem, but 10-15 per cent of students and soldiers were reported to be at risk. A significant increase in the abuse and illicit supply of cannabis was reported for 1991. Some increase was also reported in the abuse of heroin, benzodiazepines and other sedative-type drugs. Multiple drug abuse was also increasing. Cocaine abuse was reported to be stable in 1991.

88. In Iceland, the abuse of sedatives, heroin, amphetamines and cannabis was reported to be stable in 1989, whereas some increase in cocaine abuse was noted.

89. In Malta, the most prevalent drugs abused were cannabis, heroin and, to a lesser extent, cocaine, according to 1991 reports. The abuse of depressants and stimulants in combination with alcohol was common.

90. In San Marino, the abuse of heroin, cocaine and benzodiazepine was reported to be stable in 1992. A large decrease in cannabis abuse was attributed to a change in attitudes towards drug abuse.

E. Near and Middle East

91. Opiates (heroin, opium and morphine) were the principal drugs of concern in the Near and Middle East. Heroin was one of the most abused drugs in many countries in the region, including Bahrain, Pakistan, Qatar and Saudi Arabia. In Pakistan, about one half (1.1 million) of the drug abusers were heroin addicts. Heroin was the second most abused drug in Kuwait, Iran (Islamic Republic of) and Syrian Arab Republic. Opium was the most prevalent drug in the Islamic Republic of Iran. The abuse of opiates was also reported in Bahrain, Egypt and Israel.

92. Cannabis was the second most prevalent abused drug in the region. It was the most abused drug in Egypt, Israel, Kuwait and the Syrian Arab Republic. Cannabis was also reported to be abused in Iran (Islamic Republic of), Pakistan (where it was the primary drug of abuse of about one third of the drug abusers) and Saudi Arabia.

93. Sedatives and tranquillizers were a cause for concern in some countries in the Near and Middle East. Their abuse was reported to be significant in Bahrain, Egypt, Israel, Pakistan, Qatar, Saudi Arabia and Syrian Arab Republic. Other drugs abused in the region included amphetamines (in Egypt, Israel, Saudi Arabia and the Syrian Arab Republic) and cocaine (in Bahrain, Egypt and the Syrian Arab Republic). Volatile solvents were abused by youth in Bahrain, Israel and Kuwait.

1. Drug abuse significant and on the rise

94. Egypt reported a large increase in the abuse of all drugs in 1989.

95. Israel reported some increase in the abuse of heroin and cocaine in 1992. The number of drug-dependent persons grew from fewer than 5,000 in 1982 to more than 30,000, or about 1 per cent of the population, in 1992.

96. Pakistan experienced an alarming increase in the number of drug abusers, from 1.24 million in 1980 to over 2.24 million in 1988, of which about one half were dependent on heroin and about 900,000 abused cannabis. The abuse of psychotropic drugs, such as tranquillizers (over 3 million abusers without prescription), hypnotics, anti-depressants and analgesics, was also increasing.

97. The Syrian Arab Republic reported some increase in the abuse of amphetamines, benzodiazepines and cocaine in 1989. Amphetamine abuse was reported to be stable in 1992. Cocaine abuse levelled off between 1990 and 1992. Some increase was reported in the abuse of heroin and volatile solvents in 1990 and 1992. Opium abuse remained stable in the period 1989-1992, with some decrease reported for 1991. Cannabis abuse remained stable in the period 1989-1992.

2. Drug abuse significant but decreasing

98. Bahrain reported a large decrease in the abuse of heroin in 1990. That was attributed to a comprehensive strategy consisting of law enforcement, prevention and treatment. Benzodiazepine abuse was reported to be stable.

99. The Islamic Republic of Iran reported some decrease in the abuse of opium, heroin and cannabis in 1992. That was attributed to intensive measures adopted to eradicate illicit drug supply and demand, including the strengthening of the armed forces in the eastern borders and the implementation of a new law to counter illicit drug trafficking.

100. Kuwait reported some decrease in drug abuse as a result of increased drug control and a reduction of the number of foreign employees following the Iraqi occupation of that country.

101. Qatar reported some decrease in the abuse of heroin and benzodiazepines in 1990.

102. Saudi Arabia reported some decrease in the abuse of amphetamines and a large decrease in the abuse of heroin and cannabis in 1990. Some increase was reported in the abuse of depressants. A large decrease in the abuse of all drugs was reported for 1988. That was attributed to the introduction of strict law enforcement measures, including the imposition of the death sentence for drug trafficking.

III. COSTS AND CONSEQUENCES OF DRUG ABUSE

103. Drug abuse represents costs to society in the form of law enforcement services, crime and accidents, health, prevention, treatment services and loss of productivity. In addition, illicit drug cultivation, production and trafficking present threats to the stability of political systems and national economies. Estimating the costs and consequences associated with drug abuse is an effective way to demonstrate the need to take action against it. Governments invariably acknowledge these costs in their reports, yet few assess them systematically. Most frequently reported is concern over the spread of the human immunodeficiency virus (HIV) beyond high-risk groups, such as homosexuals and drug-dependent persons, to persons who abstain from drugs and especially women and newborn babies.

104. Studies indicate that the overall costs of both licit and illicit drug abuse account for as much as 5 per cent of gross domestic product (GDP) per

year. In Finland, about 0.6 per cent of the social welfare fund was allocated to the treatment of drug- and alcohol-dependent persons. In Norway, drug (and alcohol) abuse was reported to be the main cause of increases in road accidents, violent crime and family problems; the cost of treatment for people with alcohol and drug problems was estimated to be 1 billion Norwegian kroner. In Pakistan, 40 billion Pakistan rupees were spent on drug abuse in 1988, compared with 4 billion Pakistan rupees in the period 1982-1983. In Switzerland, the costs of illicit drug abuse in 1989 were estimated to be between 490 million and 535 million Swiss francs; approximately one half of that amount was attributed to mortality and morbidity through lost productivity, one third was attributed to efforts against illicit trafficking, 17 per cent was attributed to medical care and only 3 per cent was attributed to prevention and research, including documentation and coordination. In the United Kingdom, the estimated direct costs of implementing the national strategy for tackling drug abuse in 1990 amounted to 415 million pounds sterling. The costs of drug abuse in the United States in 1988 (excluding alcohol abuse) were as high as 58.4 billion United States dollars.

105. AIDS and HIV infection have been increasing since reporting began in 1983. Those increases have been partly attributed to unsafe injection practices among drug abusers. Heroin is reported to be the most injected drug; but there is increasing concern over the injection of other drugs such as cocaine and synthetic analgesics. Furthermore, although amphetamines, tranquillizers and anti-cholinergics are reported to be ingested in most countries, in some countries there have also been reports of abuse by injection. Some of the increases in HIV infection have been attributed to sexual transmission to persons who have abstained from drugs and to newborn babies. It is also believed that some drugs depress the immune system, thus increasing the likelihood of the onset of AIDS. Less reported but of increasing concern is the spread of hepatitis and tuberculosis related to drug abuse; these too are likely to require special attention in future reports.

106. The percentage of HIV/AIDS cases associated with intravenous drug abuse has been increasing, even in countries where strong prevention programmes exist. The prevalence of HIV among intravenous drug abusers is, in increasing order, 6 per cent in the United Kingdom, 13 per cent in Germany, 14 per cent in Turkey, 5-18 per cent in Denmark, 19 per cent in France, 20 per cent in Sweden, 38 per cent in Switzerland, 57 per cent in Ireland, 65 per cent in Spain and 66 per cent in Italy. In such areas as the states of New York and New Jersey in the United States, intravenous drug abusers have become the main risk group for AIDS. The proportion of HIV/AIDS among drug abusers who inject is stable in some European countries (4 per cent in Norway, 5 per cent in Finland, 9 per cent in the Netherlands). In the Netherlands, safer practices are believed to have slowed down the spread of HIV infection among drug abusers who inject. HIV incidence rates at Amsterdam remain relatively stable (5.6 per cent in 1988 and 5.5 per cent in 1989). In spite of this development there have been reports that the general public and medical personnel in some countries have rejected persons with AIDS; as a result, such persons have, at times, encountered difficulties in obtaining basic care services and their morbidity rate has increased.

107. Reporting on drug-related deaths is increasing. Studies estimate that about 20 per cent of all annual deaths may be attributed to the abuse of drugs, both licit and illicit, while about 3 per cent may be attributed to the abuse of illicit drugs alone (compared with 71 per cent attributed to tobacco and 26 per cent to alcohol). In general, drug-related deaths are more prevalent

among males and the young. Suicides, experimentation with drugs by novices, and lack of experience with drugs of varying purity and quality are some of the most common reasons given for increases in drug-related deaths.

108. Canada and the United States stand out in reporting statistics on drug-related deaths. Both report an increase in the number of drug-related deaths. In the United States, most of the deaths reported to the Drug Abuse Warning Network (DAWN) involved the abuse of either cocaine (46 per cent) or heroin (36 per cent). Many of those deaths (13 per cent) occurred following the consumption of a mixture of cocaine and heroin ("speedballing"). In Canada, in 1988, there were 414 deaths from drug dependence, non-dependent abuse of drugs, and adverse toxic effects of psychoactive drugs.

109. In Europe, most drug-related deaths are due to heroin abuse; in some European countries the abuse of medical preparations is the second most frequent cause of death. In six large cities in Spain, the number of drug-related deaths per 100,000 inhabitants increased from 1.2 in 1983 to 6.4 in 1989. In the United Kingdom, drugs caused or were implicated in the deaths of approximately 60 per cent of all registered drug-dependent persons between 1980 and 1990.

110. There has been little reporting on illnesses and other related hospitalization resulting from drug abuse. In some countries, measures are being developed to estimate "drug-caused conditions" based on estimated admissions to hospitals. In Argentina, it has been estimated that 5 per cent of the cases in hospital emergency services were related to licit or illicit drug abuse; 20 per cent of those cases involved the ingestion of psychoactive medication, 16 per cent involved multiple drug abuse and 64 per cent involved alcohol abuse. In Canada, according to poison control centre statistics, in 1986 there were 15,442 reported cases of drug poisoning by psychotherapeutic agents, sedatives and hypnotics, and mild pain killers such as aspirin, street drugs or adhesives. In the United States in 1990, 125,000 suicide attempts were drug-related and 128,000 admissions to hospital or emergency rooms involved drug dependence or casual abuse; there were just under 40,000 cases involving people seeking help in overcoming their drug-related problems through detoxification or the management of withdrawal symptoms. There was an increase of 7 per cent in drug-related admissions to emergency rooms in the United States from 1991 to 1992.

111. More systematic reporting of statistics on drug-related deaths is needed. Similarly, there is a need to develop measures to estimate "drug-caused conditions" based on admissions to hospitals.

112. Other consequences related to drug abuse have been reported by many countries. The consequences included increases in all types of violence, teenage gangs engaged in anti-social and violent behaviour at school and on the streets, family problems and traffic accidents.

IV. NATIONAL RESPONSES TO DRUG ABUSE AND ITS CONSEQUENCES

113. In spite of the complex nature of drug problems, some conclusions about the effectiveness of drug-related policies and programmes could be drawn based on an international review of evaluation studies and of evidence from reporting countries.

114. In general, well-coordinated strategies that are comprehensive, combining legislation and regulation (and, where applicable, taxation), as well as community-wide campaigns tend to produce slow but positive results (as in Canada). Control policies aimed at reducing the availability of licit drugs have proved to be effective in reducing drug-related problems in general (in Canada, for example). Similarly, legislation and law enforcement measures have proved effective in reducing drug abuse (for example, in Japan and in States in the Persian Gulf area). In those countries and in others, the effectiveness of policies and programmes is likely to be related to cultural factors as well.

115. Community-wide prevention, through education and the media, appears to be most effective when directed towards changing social norms rather than towards fostering behavioural change. Early identification of abusers, before they develop drug dependence, and early intervention are effective; they also reduce the costs associated with treatment.

116. Research indicates that intervention programmes that are oriented towards changing behaviour are effective as long as they are brief. Longer-term intervention appears to be no more effective, and is often less effective. The effectiveness of psychotherapy is also not well supported by evaluative research. The perceived effectiveness of self-help programmes such as Narcotics Anonymous is largely unsubstantiated by research; however, most drug-dependent persons would prefer to seek help from such groups rather than professional counselling, and it appears that the introduction of trained professionals to such groups, when feasible, may make a difference.

117. Psychotropic substances are not considered an effective treatment strategy for drug problems. Methadone is the treatment of choice for opiate dependence, particularly since it is taken orally and thus reduces the risk of HIV infection resulting from the use of infected needles; however, methadone programmes, like other maintenance programmes, remain subject to controversy in some countries.

118. Most studies on out-patient programmes have recorded positive results; long-term residential programmes require more evaluation. Current research suggests that out-patient programmes are more successful and significantly more cost-effective (see the report of the Secretariat on the development, implementation and evaluation of national strategies and programmes to control substance abuse (E/CN.7/1994/5)).

119. Governments have reported that they have been adopting increasingly comprehensive national strategies coordinated by focal points. National programmes consist of a wide range of activities. In some countries, drug strategies are placed in a larger context, such as health promotion, holistic approaches and harm minimization. Such approaches are aimed at reducing the consequences of drug abuse to society as a whole. Harm minimization is aimed at ascertaining whether prosecution does not cause more harm than drug abuse itself. Furthermore, drug demand reduction, minimum-income and health-care programmes are aimed at ensuring that the underlying reasons for drug abuse are dealt with and that their consequences are reduced to a minimum. Harm minimization is subject to controversy, especially among advocates of abstinence in a drug-free society, although in some countries the different models coexist.

120. Few Governments report that their national strategies against drug abuse are driven by data analysis and research. Some countries have undertaken

significant research to assess illicit drug supply and demand. Limited resources, difficulties in synthesizing research findings and in drawing policy and programme implications appear to reduce the effectiveness of efforts to curb illicit drug demand and supply. In many reporting countries, although progress is noticeable, policy and programmes tend to be driven by "best judgement" information rather than statistics. Governments use a variety of sources (e.g. health records, police records, surveys, or a combination of all three of these and estimates of an unspecified nature) to assess illicit drug supply and demand in their countries. The data, although varying in quality, give some indication of the drug abuse situation in the reporting countries but are still in need of improvement. Special attention is needed to improve the situation in this area.

121. Australia and Canada are conducting exemplary comprehensive strategies. Both strategies are driven by research, rather than "best judgement", in order to increase programme effectiveness. The campaigns to reduce both the illicit demand for and the illicit supply of drugs are conducted on multiple fronts, by all levels of government, law enforcement agencies, professional and voluntary organizations and business. The strategies are coordinated by a minister and entail health promotion, prevention (social marketing through radio and other media, training, education), early identification of abusers and early intervention, a wide variety of treatment and rehabilitation modalities, research and information analysis and control measures that involve the use of legislation and law enforcement.

122. In many countries, attempts have been made to follow the examples set in Australia and Canada; however, resources were allocated to alleviate more pressing socio-economic problems rather than drug abuse and its related consequences. Given these circumstances, some Governments have reported that, without international assistance, they cannot do much more to comply with their obligations under the international drug control treaties.

123. Many Governments have reported that they have taken part in consultations at the senior and technical levels in an attempt to formulate national and regional strategies to curtail illicit drug supply and demand. UNDCP appears to be making a significant breakthrough in targeted countries where master plans and field offices have been established.

A. Prevention

124. There is increasing evidence that global national strategies and policies that include a prevention component are more effective in reducing drug abuse. And many of the reporting Governments have placed more emphasis on prevention. Some, however, have minimal prevention programmes, often because they prefer law enforcement measures. Prevention efforts in Africa vary but appear to be becoming increasingly significant. The Governments of most of the countries in Asia and the Pacific and in eastern Europe are increasing their prevention efforts. Consultations in Asia and the Pacific have led to the Philippines being entrusted with the responsibility to coordinate prevention activities in that region. That responsibility includes the formulation of projects, the solicitation of funds and the maintenance of the training centre for preventive drug education of the Association of South-East Asian Nations. Similar regional initiatives are needed elsewhere.

125. In many countries, the mass media is increasingly being used in campaigns for the prevention of drug abuse that are directed at specific groups as well

as the general population. In some countries (for example, in countries in Europe and North America) the publicity campaigns are sophisticated but elsewhere they remain rudimentary. In a few countries, special conferences, fact-sheets and field trips are used to sensitize the media to drug-related issues, as well as to prevent sensationalism of drug-related stories. Often television, radio and printed messages are used to convey drug-related information. Collaboration between professional health workers, law enforcement agencies, private organizations and various ministries is common.

126. In many of the reporting countries, preventive education programmes introduced in primary and secondary schools target not only the students, but also parents and persons providing services, such as teachers and counsellors. Community-based groups (non-governmental organizations, civic and voluntary organizations, religious groups and sports clubs) are increasingly becoming involved in prevention. Some community-wide programmes promote drug-free alternative activities (i.e. sports and other recreational and cultural programmes), in addition to ongoing governmental initiatives. These are directed at high-risk groups such as street children and marginal youth, students, parents, drug-dependent athletes, and the disadvantaged. Some of the programmes deal with the prevention of HIV infection.

127. Training in drug abuse prevention and treatment is part of the basic and continuing education of doctors, nurses, pharmacists, law enforcement personnel and teachers in some countries, but not in numerous others. Studies indicate that a majority of teachers, for example, have limited knowledge of drugs and that they do not discuss drugs with their students. This is likely to be true of other professional groups as well. Significant efforts need to be made to upgrade the skills of people in these occupations so that they may play a significant role in drug abuse prevention.

128. Interesting outreach prevention programmes have been initiated in some countries. For example, street workers in a minibus with educational material operate as an outreach resource centre to inform the community about the consequences of drug abuse, AIDS and treatment services. Street and community theatre has also been used to get messages across.

129. Drug prevention in the workplace is being increasingly emphasized in many countries. It entails the organization of workshops on drug abuse prevention, treatment and rehabilitation and the distribution of information on the subject in the form of pamphlets, publications etc. In some countries, random testing in the workplace is used as a measure to prevent drug abuse among employees, especially if such abuse is suspected. Certain groups are targeted for testing and special campaigns.

130. Preventive programmes in some countries include socio-economic and development projects (crop substitution) in regions where the population is involved in growing illicit crops.

131. Prescriptions are used to prevent medical preparations from being diverted into the illicit drug market. In some regions, however, counterfeit prescriptions have been reported. In some cases, medical preparations have been dispensed without prescription in pharmacies or are freely available on street markets. More efforts are needed in this area as well.

B. Treatment and rehabilitation

132. Many Governments have reported expanding community-based and non-residential self- and mutual-help programmes. These are believed to offer increased effectiveness and accessibility, in addition to reducing the stigmatization and high costs associated with residential treatment and imprisonment.

133. Evaluative research indicates that early identification programmes, aimed at identifying drug abusers at high risk of developing addictive behaviour, are most effective. Countries rarely report having such programmes, which emphasize low-cost, early intervention. Special efforts are needed to promote them.

134. A wide variety of non-residential treatment services are available in self-help centres, in primary care facilities and in agencies of non-governmental organizations, as well as in non-hospital residential units, in emergency aid centres and in social model and recovery homes. Residential treatment services are widely used in reporting countries. Some are in psychiatric hospitals, in general hospitals or in specialized detoxification centres.

135. Many programmes stress the social reintegration of former addicts who have undergone treatment. Some non-residential and residential programmes are complemented by out-patient after-care services, individual and family therapy, counselling, follow-up programmes, vocational training and economic support, outreach programmes and support to families of drug abusers. Extended support services are subject to controversy. In some countries, if a former drug-dependent person relapses, such services are withdrawn.

136. As the need for treatment services is on the increase, more self- and mutual-help non-professionals are getting involved in the treatment of drug abusers. In many countries, specialized training is needed to upgrade the skills of non-professionals involved in such treatment. Similarly, advanced training for professionals is needed to improve the quality of treatment services.

137. Some Governments have reported compulsory registration and/or treatment. In some countries, legislation is used to encourage drug abusers to seek treatment voluntarily but it also imposes compulsory treatment in certain cases. Such measures often remain dormant because of insufficient confidentiality safeguards and lack of treatment space. It appears, however, that in most countries treatment is based on an assessment of the patient's motivation to overcome drug dependence and to cooperate with treatment services.

138. Successful "labour therapy" programmes have been reported. These include counselling, education, job training and recreation as alternatives to incarceration. In eastern Europe, new approaches to treatment and rehabilitation have been sought to supplement the moralizing and sanctions used previously. Treatment includes rational psychotherapy, hypnotherapy and autogenic training, "electrically induced sleep", medicine-based therapy designed to provide general physical strengthening and acupuncture.

139. In Africa, treatment and rehabilitation vary widely from country to country. In South Africa, a holistic approach underlies a comprehensive programme. Elsewhere, treatment facilities are reported to be inadequate or non-existent, often because of lack of financial resources. When treatment is available, it

is likely to be in non-specialized hospitals; however, specialized treatment centres are reported to exist. Treatment tends to be minimal (i.e. attaching drug abusers to their beds, giving them tranquillizers, or arresting them and sentencing them to do forced labour). In other cases, traditional treatment (acupuncture, ayurvedic medicine, yoga or "Nganga") is sought before and/or after turning to western medical treatment. In some cases, in an effort to save the family reputation, treatment if carried out at home.

140. In some countries, if treatment fails, controversial "maintenance programmes" are resorted to. Methadone and syringe supply programmes have been expanded in some countries in an effort to reduce illicit drug abuse, HIV infection, the number of drug-related deaths and other consequences associated with opioid abuse. The programmes are often accompanied by social services such as counselling. An evaluation of maintenance programmes has concluded that they are effective.

141. Programme effectiveness is rarely evaluated, with few exceptions. Relapse rates vary widely, owing to the lack of standard measures. In general, more evaluation studies are needed to identify effective and culturally relevant treatment programmes.

142. Data on the number of drug abusers in treatment are also subject to high variability. The total number of drug abusers participating in treatment and rehabilitation services varies from country to country and from year to year, depending on treatment policies. In general, services appear to reach relatively few drug abusers in need of treatment.

143. In Australia, a one-day national survey of clients of drug treatment services was conducted in 1990 in order to gain insight into the typical workload and characteristics of the clients. Findings indicate that unemployed males in their mid-thirties were most common. Ninety per cent of the clients were substance abusers (most had alcohol rather than other drug problems) while 10 per cent were related to abusers (for example, spouses). About 83 per cent of the abusers were Australian-born (12 per cent were Aboriginals); of the 16 per cent who were not born in Australia, one half were born in English-speaking countries. These data confirm that drug abuse follows a normal distribution in the population and that it is not a characteristic of minorities. The principal problems involved opiate abuse (27 per cent), multiple drug abuse (involving opiates) (7 per cent), alcohol consumption (55 per cent) and tobacco consumption (8 per cent). These findings are likely to be applicable elsewhere.

144. In the United States, a total of 442,649 clients were treated in 8,057 treatment facilities in 1991. More than half of the facilities were either self-help centres (4,319) or non-residential hospital units (1,460). In Canada, 18,875 cases were treated in general hospitals in the period 1985-1986; the involved drug dependence (2,201 cases), non-dependent abuse of drugs (1,235 cases) and drug psychoses (919 cases); drug dependence in the mother complicating pregnancy, childbirth and the puerperium (77 cases), suspected damage to the fetus from drugs (4 cases) and drug withdrawal syndrome in the newborn (44 cases); poisoning by analgesics, antipyretics and antirheumatics (5,671 cases), sedatives and hypnotics (2,431 cases) and psychotropic agents (6,293 cases). Canada was the only country that reported data on this subject.

145. In many countries, drug abusers are reported to account for a significant percentage of the prison population. In some cases, detoxification and

rehabilitation services are provided. In some countries, only detained minors are admitted to such treatment programmes.

146. In Asia and the Pacific and in Europe, most drug abusers seek treatment for opiate addiction. In the Americas, however, cocaine treatment ranks first, with few variations; for example, the abuse of psychotropic substances is significant in Brazil and cannabis abuse is significant in Ecuador.

C. Towards a balanced approach

1. Legislation

147. Legislation is a basic requirement for compliance with the international drug control treaties. It is also considered an effective measure to control both the illicit supply of and the illicit demand for drugs. Governments are increasingly reporting on laws developed (in many instances with the assistance of UNDCP) to control drug abuse. Under some laws that ban narcotic drug cultivation, transportation, possession, trafficking and sales, the maximum penalty is death.

2. Law enforcement

148. Law enforcement measures are the preferred means of curtailing both supply and demand for illicit drugs, according to some country reports. In many countries, drug abuse is associated with crime. Information relating to illicit drug cultivation, production and trafficking indicates that illicit supply operations are growing and are well supported by sophisticated organizations, arms, and communication and transport systems. In some countries, determined efforts to eradicate such operations have entailed considerable military resources and loss of human life. In some cases, it has been necessary to relocate local inhabitants in order to put an end to their collaboration with drug traffickers.

149. Cooperation between law enforcement agencies at both the national and the international levels is increasingly being reported. In some countries, significant contributions are being made to the strengthening of regional and global cooperation. The exchange of information on drug offenders and traffickers, together with improved law enforcement techniques, seems to be yielding concrete results, judging from the significant increases in seizures and arrests (see the country profiles for details). Yet drug traffickers are reported to have found ways to increase their production and supply. Illicit drugs with higher purity and lower prices are reported to be available in both developing and developed countries.

150. The high cost of law enforcement measures and especially imprisonment, as well as their limitations, has led some countries to explore alternatives. There is a growing belief that significant reductions in illicit drug supply will require continued regional and international efforts, as well as a considerable reduction in illicit drug demand. As the relative effectiveness of prevention and treatment programmes has become known, attempts have been made in many countries to strike a balance between activities aimed at reducing illicit supply and those aimed at illicit demand.

UNITED NATIONS

ECONOMIC AND SOCIAL COUNCIL

Distr.
GENERAL

E/CN.7/1994/5
25 January 1994

ORIGINAL: ENGLISH

COMMISSION ON NARCOTIC DRUGS
Thirty-seventh session
Vienna, 13-22 April 1994
Item 10 of the provisional agenda*

EXAMINATION OF STRATEGIES AND ACTIVITIES TO REDUCE ILLICIT DEMAND FOR DRUGS

Development, implementation and evaluation of national strategies and programmes to control substance abuse

Report of the Secretariat

CONTENTS

	Paragraphs	Page
INTRODUCTION	1-5	3
OVERVIEW OF NATIONAL STRATEGIES TO FIGHT DRUG ABUSE AND REDUCE ILLICIT DRUG DEMAND	6-41	4
A. National strategies and programmes to control substance abuse, by region	11-15	5
B. National coordinating bodies, by region	16-20	6
C. Efforts to implement national demand reduction strategies, by region	21-33	7
D. Regional and international cooperation, by region	34-38	10
E. Promotion of a balanced approach to drug control: expert forums on demand reduction	39-41	11

*E/CN.7/1994/1.

V.94-20425 9298T

Summary

Some worldwide trends have emerged in the development, implementation and evaluation of national strategies and programmes to reduce substance abuse. Demand reduction has become an integrated part of drug control strategies in many countries. Programmes and projects of different size and quality are being implemented everywhere, but the number of countries that have adopted comprehensive national strategies to reduce drug abuse is still limited.

There seem to be more national coordinating bodies coordinating activities implemented by other agencies than defining policies and implementing programmes themselves. Many countries have centralized national coodinating bodies that involve mainly ministries and government organizations. Only a few of the bodies are open to representatives of non-governmental organizations and private organizations. A limited number of national coordinating bodies have a decentralized structure that reaches the local and municipal levels. The existence of such a body, however, does not guarantee a coordinated demand reduction strategy. In most cases such bodies act as focal points for initiatives and programmes of different ministries and agencies and do not actively coordinate programmes.

The involvement of non-governmental organizations in national strategies for the reduction of illicit drug demand is more prevalent in the Americas and in Europe than in other regions.

Many prevention activities involve the use of the media. Training is provided to teachers, to treatment and rehabilitation personnel and, to a lesser extent, to professionals in preventive education. There has been an increase in the extent of drug education in schools, which has mainly focused on the rejection of drug misuse in favour of healthier lifestyles. Prevention activities are generally lacking among occasional users and certain groups at risk. Basic treatment is often available only through the voluntary sector, and integrated rehabilitation and social reintegration programmes remain sparse.

INTRODUCTION

1. For the preparation of the present report, the Secretary-General sent a note verbale dated 2 August 1993 to the Governments of Member and non-Member States, requesting them to provide up-to-date information on national strategies and related international cooperation efforts in the field of demand reduction. The Secretary-General received replies from only 13 of the 188 Governments to which the note verbale was sent; therefore, most of the analysis provided in the present report is based on material that had already been received and on other information such as government replies to the annual reports questionnaire in the period 1983-1992, national reports and documents, and reports of the International Narcotics Control Board. Given the lack of replies and the different material available, it has been difficult to compare the situation of individual countries. Nevertheless, regional trends and directions in drug demand reduction are examined in the present report. In addition, some relevant information based on replies to the annual report questionnaire is provided in the report of the Secretariat entitled "Drug abuse: extent, patterns and trends, 1983-1992" (E/CN.7/1994/4).

2. In its resolution 1993/35, the Economic and Social Council urged the United Nations International Drug Control Programme (UNDCP) to facilitate access to and to disseminate information received from Governments regarding the development, implementation and evaluation of national strategies and programmes to control substance abuse. Moreover, the Commission on Narcotic Drugs, at its thirty-sixth session, decided to include a separate item on the provisional agenda for its thirty-seventh session to permit an in-depth discussion of demand reduction. 1/

3. Also at the thirty-sixth session of the Commission, reference was made to the World Ministerial Summit to Reduce the Demand for Drugs and to Combat the Cocaine Threat, held in London from 9 to 11 April 1990 (A/45/262, annex), and to the increased attention the Commission had decided to give to demand reduction. Emphasis was placed on the need to schedule regional meetings on demand reduction organized along lines similar to the regional meetings of Heads of National Drug Law Enforcement Agencies. The Executive Director of UNDCP was invited to keep that question under review. In addition, the attention of the Commission was drawn to the usefulness of receiving at its thirty-seventh session a report on progress achieved with respect to various decisions taken and mandates established by the World Ministerial Summit. 2/

4. Pursuant to the decisions taken by the World Ministerial Summit, the results of efforts made by Governments, in cooperation with UNDCP, to reduce illicit drug demand are described in the present document. Emphasis is placed on the development and implementation of national strategies and other efforts made to reduce drug abuse by preventive education and media campaigns and by mobilization of the human and economic resources in society (government agencies, local and municipal authorities, non-governmental organizations, trade unions and entrepreneurs, communities and individuals). The present report also provides information on what has been done in each region to improve treatment services and social reintegration for drug-dependent persons.

5. In reviewing and analysing the implementation of national strategies and international cooperation in the field of demand reduction, the following criteria have been used:

(a) The existence of a national coordinating body as an independent unit established by the government to define policies and implement activities to

reduce the illicit demand for drugs, or as an office for the coordination of different government agencies and ministries;

(b) The presence of activities aimed at preventing the use of illicit drugs by educating potential users about the risks and problems associated with such use, in particular the dangers of intravenous drug abuse, in addition to prevention activities aimed at helping people who use illicit drugs, particularly those who use such drugs intravenously, to stop using them;

(c) The use of the media to promote information and awareness campaigns directed at the general public, with universal messages on drug prevention, in addition to more focused campaigns targeting special groups at risk (e.g. campaigns to prevent human immunodeficiency virus (HIV) infection among intravenous drug abusers);

(d) The provision of training to professionals dealing with demand reduction activities in the fields of treatment and rehabilitation and prevention; the provision of basic training to professionals from different areas who are likely to be faced with drug abuse problems in their activities (medical doctors, teachers, nurses, community leaders etc.) in order to ensure that they have a basic knowledge of demand reduction, and early identification by teachers and medical staff of drug abuse (fundamental to effective intervention);

(e) The implementation of treatment and rehabilitation programmes in order to limit or reduce to a minimum some of the worst effects of drug abuse (the purpose of which may be to limit the extent of not only physical illnesses but also criminal behaviour by providing information and education, substitute drugs, care and counselling, and syringes or bleach);

(f) The involvement of the community of non-governmental organizations, which has a wide range of expertise (some non-governmental organizations have extensive experience in drug demand reduction and others have one or more programmes for the reduction of illicit drug demand);

(g) The extent of regional and international cooperation in exchanging experiences, ideas on projects, and methodologies (cooperation involving the legal aspects of demand reduction, regional training, and research and information systems could be further developed).

OVERVIEW OF NATIONAL STRATEGIES TO FIGHT DRUG ABUSE AND REDUCE ILLICIT DRUG DEMAND

6. Some worldwide trends have emerged in the development, implementation and evaluation of national strategies and programmes to reduce drug abuse. Demand reduction has become an integrated part of drug control strategies in many countries. Programmes and projects of different size and quality are being implemented everywhere, but the number of countries that have adopted comprehensive national strategies to reduce drug abuse is still limited.

7. There seem to be more national coordinating bodies coordinating activities implemented by other agencies than national coordinating bodies defining policies and implementing programmes themselves. Many countries have centralized national coordinating bodies that involve mainly ministries and government organizations. Only a few of the bodies are open to representatives of non-governmental organizations and private organizations. A limited number have a

decentralized structure that reaches the local and municipal levels. The existence of such a body does not guarantee a coordinated demand reduction strategy. In most cases such bodies are focal points of initiatives and programmes of different ministries and agencies and do not actively coordinate programmes.

8. The involvement of non-governmental organizations in national strategies for the reduction of illicit drug demand is more prevalent in the Americas and in Europe than in other regions.

9. Most primary prevention activities involve the use of the media. Training is provided to teachers, to treatment and rehabilitation personnel and, to a lesser extent, to professionals in preventive education. There is a tendency to concentrate efforts on campaigns that have as their aim the rejection of drug abuse in favour of healthier lifestyles. The campaigns tend to influence attitudes towards drugs but they are not sufficient to bring about a significant change in people's behaviour. The number of focused campaigns is limited. Prevention activities are generally lacking among occasional users and certain groups at risk.

10. Most of the training efforts are aimed at professionals in the area of treatment and rehabilitation and, in some cases, at teachers in the form of on-the-job training. Basic training in demand reduction for health staff and for media specialists could be further developed. Training in demand reduction issues could also be extended to law enforcement professionals.

A. National strategies and programmes to control substance abuse, by region

1. Africa

11. National strategies to control substance abuse have been reported in six African countries (Kenya, Namibia, Senegal, Sierra Leone, South Africa and Togo). Comprehensive drug control plans are being developed in other countries such as Burkina Faso and Côte d'Ivoire. Although national strategies have not been reported elsewhere in Africa, activities aimed at reducing illicit drug demand have been undertaken. The adoption and implementation of comprehensive drug control plans could be further developed in Africa. In five countries non-governmental organizations have been involved in activities against drug abuse.

2. Americas

12. About one half of the countries in the Americas have defined national strategies to control substance abuse. The national strategies have different priorities; in general, however, each of the countries with a national strategy also has a coordinating agency at the ministerial level and follows a balanced approach to dealing with drug problems, emphasizing both illicit supply and demand. The countries in question generally have prevention activities and the media is involved in the demand reduction strategies. Not many countries have reported prevention efforts targeting groups at risk. Treatment and rehabilitation are available in most countries in the region. The training of a wide range of professionals is common. The involvement of non-governmental organizations in demand reduction efforts varies from country to country. In some countries, non-governmental organizations are active in the area of treatment and rehabilitation and in raising public awareness. In other countries, they are involved in national demand reduction programmes in a limited way, if

at all. In Grenada, non-governmental organizations are official members of the national coordinating body. Many countries in the Americas participate in regional or international cooperation efforts.

3. Asia and the Pacific

13. Only eight countries in Asia and the Pacific have adopted a comprehensive strategy, combining prevention activities, early identification and a mix of treatment approaches delivered by government and non-government agencies. Another indicator of a comprehensive approach to demand reduction is the involvement of non-governmental organizations in demand reduction activities. In 10 countries in Asia and the Pacific, non-governmental organizations have a recognized role in national demand reduction strategies. Their role is not always to participate in and enrich the demand reduction activities of the Government; in some cases, non-governmental organizations act as substitutes for the Government in implementing demand reduction programmes in areas not reached by official assistance.

4. Europe

14. Over half of the European countries have defined national strategies that include demand reduction. The national strategies may have different priorities but most of them tend to follow a balanced and coordinated approach to combating drug abuse. Nearly all the European countries include at least primary prevention programmes in their national strategy. In half of the countries, the media has been used in prevention efforts. Only a few countries in the region do not have any treatment and rehabilitation programmes. The training of professionals is common in many countries in the region. The role of non-governmental organizations is important in many countries both in treatment and rehabilitation initiatives and in preventive education. Non-governmental organizations are partly responsible for the treatment of drug-dependent persons. Such organizations play an important role in raising awareness in many countries, but they rarely participate in the decision-making process at the governmental or regional level, for example in defining national strategies and programmes. Most countries have participated in some kind of regional and/or international cooperation to control drug abuse, although not necessarily in the field of demand reduction.

5. Near and Middle East

15. Of the 15 countries in the Near and Middle East, only Israel seems to have a complete and comprehensive national strategy for the reduction of illicit drug demand and to follow a balanced approach to drug control. The involvement of non-governmental organizations is not widespread in the Near and Middle East. In the Islamic Republic of Iran, religion-based non-governmental organizations play an active role in drug abuse control. Israel has a defined role for such organizations in its national strategy.

B. National coordinating bodies, by region

1. Africa

16. National coordinating bodies were reported in 27 countries in Africa. The chairmanship of national coordinating bodies varies from country to country, but it generally involves the ministry of health, home affairs or education. In some countries in northern and western Africa with national

coordinating bodies, the authority to implement programmes is limited mainly because the legal framework is lacking.

2. Americas

17. Those national coordinating bodies that exist in the Americas often consist of representatives from the ministries of education, health, interior, social affairs, defence, foreign affairs and justice. In only a few countries has the ministry of education not been included in coordinating activities. Few countries have representatives from regional or local governments. Non-governmental organizations are, according to the information available, only part of the national coordinating bodies in Grenada.

3. Asia and the Pacific

18. National ccordinating bodies have been established in 15 countries in Asia and the Pacific in the form of special offices or as committees coordinating the activities of the ministries concerned. Most of the coordinating agencies in the region tend to stress the role of supply reduction activities. Demand reduction efforts usually complement supply reduction efforts.

4. Europe

19. National coordinating bodies have been established in half of the European countries. The national coordinating bodies often include the ministries of education, health, interior, labour and social affairs, defence and justice. Some national coordinating bodies have decentralized structures that reach the regional and community levels. Non-governmental organizations rarely participate in national coordinating bodies on an official basis.

5. Near and Middle East

20. Eight of the 15 countries in the Near and Middle East have established national coordinating bodies. Most of the countries recognize the need for a national approach to prevent or reduce drug abuse but the focus is still more on supply reduction.

C. Efforts to implement national demand reduction strategies, by region

1. Africa

21. Prevention activities have been implemented in 22 countries in Africa, mainly through preventive education in school and in the workplace. In Ghana, prevention through education has been conducted in secondary schools since 1982 and drug education has been part of the national curricula for primary and secondary schools since 1990. Mauritius has implemented a comprehensive national education and prevention campaign involving all the relevant ministries.

22. Prevention activities for specific groups at risk have been reported in only five countries in Africa. Drug awareness campaigns have been conducted in 21 countries. These have tended to be limited in scope. Twenty countries in the region have made treatment programmes part of their national strategies. Treatment is not available in three countries. In 10 countries in the region, training for professionals in demand reduction is provided, usually in the area of preventive education.

2. Americas

23. There are drug prevention education programmes in primary and secondary schools in many countries in the Americas, although drug prevention is not always an integral part of the curricula. Prevention activities include the organization of seminars, courses and speeches and the distribution of posters and pamphlets, and the broadcasting of radio programmes. Cultural, recreational and sports activities targeting youth are also included in preventive efforts in most of the reporting countries in the region. Some prevention activities concentrate on drug abuse in the workplace; random drug testing in the workplace is used in some countries as a measure to prevent drug abuse among employees. Other prevention activities concentrate on counselling for intravenous drug abusers.

24. Many countries in the region have had drug information campaigns directed at youth or the general public. The types of treatment and rehabilitation include out-patient after-care services, individual and family therapy, maintenance programmes, self-help groups, syringe exchange programmes, counselling, follow-up programmes, vocational training and outreach programmes. Some programmes stress the importance of the social reintegration of former addicts. Treatment is free and voluntary in many countries in the region. In some countries, drug abusers are referred to psychiatric or general hospitals, to specialized detoxification clinics or to prisons. Psychiatrists, psychologists, social workers and former addicts are among those involved in the treatment of drug-dependent persons. In Guatemala, treatment services are delegated to the private sector.

25. The training of teachers and health personnel, usually in the form of on-the-job training, is common in the region. In a few countries, teachers receive training in drug-related subjects within the framework of their regular curricula. In Argentina, drug prevention and treatment are part of the basic and continuing education of doctors, nurses, pharmacists, law enforcement personnel and teachers. Law enforcement training for police and customs officers seems to be more developed than training for professionals in the field of demand reduction. There is no training in drug-related subjects for professions involving the media.

3. Asia and the Pacific

26. Although 15 out of 44 countries in Asia and the Pacific have national coordinating bodies, preventive education activities are carried out in 23 countries in the region. Basic information on the risk of substance abuse is given in schools, in health services and in communities. In the Republic of Korea, sports have been used to promote prevention activities. In the Philippines, there are a number of different prevention programmes targeting students, parents, professionals and youth. Prevention activities targeting groups at risk and drug abusers have been reported in only two countries in Asia and the Pacific. This shows that a comprehensive strategy to deal with all levels of prevention is needed in most of the countries in the region.

27. Information is usually associated with primary prevention activities and present in 19 countries in the region. The use of audiovisual recordings, radio messages, posters and other forms of communication is widespread. Most of the information campaigns reported have tended to be directed at the population at large and have usually been carried out in connection with special events, such as the International Day against Drug Abuse and Illicit Trafficking. As in other regions, treatment facilities and rehabilitation programmes

are considered a priority; they are found in 21 countries in Asia and the Pacific. In most cases, the treatment facilities are part of the ministry of health but they tend to be separated from the main health services. In other cases, treatment is managed by private organizations on behalf of the Government. The relapse rates reported in the region tend to be high. Social reintegration activities are not always part of treatment and rehabilitation programmes.

28. Australia developed, within the framework of its National Campaign against Drug Abuse, new residential and non-residential treatment services; and in 1990 a national survey of clients of drug treatment services was conducted. Only five States in the region list among their activities the training of professionals in demand reduction. The presence of such activities is generally associated with the existence of a national strategy covering most of the area of demand reduction.

4. Europe

29. In almost all the European countries, drug prevention programmes are carried out in schools. But only one third of the countries have included drug prevention or health education in school curricula. Many eastern European countries are in the process of integrating drug education and health education into school curricula. In most countries sport and cultural activities for youth are organized as part of preventive education. In some countries, parents and communities are involved in various preventive activities. Information on prevention programmes focusing on specific groups at risk could be further developed.

30. Public information campaigns, as well as campaigns directed at groups at risk, have been conducted in the majority of the European countries. In some countries, care is taken not to give detailed information on drug abuse in drug prevention campaigns in order to avoid generating curiosity among young people. Various types of treatment and rehabilitation are found. These include self-help groups, outpatient after-care services, therapy, counselling, follow-up programmes, maintenance programmes, vocational training, outreach programmes and syringe exchange programmes. In many countries, early identification of drug abusers is considered to be important to the success of treatment programmes. Methadone substitution programmes have been introduced in some countries, in Europe. In some cases, treatment is only available in State-run psychiatric institutions or in prisons. Rehabilitation programmes are absent in some eastern European countries. Treatment is generally free and voluntary.

31. Psychiatrists, psychologists, social workers and former addicts are among those often involved in the treatment and rehabilitation of drug-dependent persons. The training of persons in various professions involving demand reduction seems to be progressing. Teachers, health staff and police and customs officers receive such training in many countries; however, the training seems to be on-the-job training and is not included in the regular curricula of the various professions. The training of media professionals in drug-related subjects is not common.

5. Near and Middle East

32. Seven countries in the Near and Middle East are involved in primary prevention activities, although supply reduction is their primary concern. In the Islamic Republic of Iran, religious groups and clubs play a major role in

the implementation of prevention programmes. Prevention efforts aimed at groups at risk and drug abusers have been carried out in Bahrain, Israel and Oman. Treatment and rehabilitation are available free of charge in nine countries in the region. In Oman, treatment and rehabilitation policies call for legal methadone replacement therapy for established opiate addicts, replacement of injectable drugs with non-injectable and/or oral drugs, detoxification, psychotherapy and family therapy. In Oman, the Ministry of Social Affairs and Labour and the Ministry of Housing cooperate in the social reintegration of former drug addicts.

33. Drug awareness is being raised through the media in six countries in the region. Some countries do not implement prevention campaigns because they fear that such campaigns would generate curiosity among the youth population, attracting them to drug abuse rather than effectively preventing such abuse. In Israel, Oman, Pakistan and the Syrian Arab Republic, training activities have been developed for persons in professions involving demand reduction. In Oman, basic training in drug education is included in the educational curricula of doctors, nurses and law enforcement personnel.

D. Regional and international cooperation, by region

1. Africa

34. Regional cooperation is included as part of the drug control efforts being made in 24 countries in Africa. At the initiative of the Government of Gabon and with the support of the Government of France and UNDCP, a seminar on drug problems was held at Libreville from 3 to 8 December 1990 for the benefit of members of the Economic Community of Central African States (ECCAS). At the seminar, the principles of a subregional drug control strategy were formulated by the representatives of eight central African countries. Endorsing the recommendations of the Libreville seminar, the ECCAS conference of heads of state or government decided in April 1991 to implement that strategy by creating a subregional central African drug control technical committee with representatives of the national drug control interministerial committees and mandating the Secretary General of ECCAS to negotiate and sign financial and technical assistance agreements with donor countries and international organizations in the field of drug control.

35. The first meeting of ministers responsible for the coordination of drug control activities in western African States was held at Abidjan from 21 to 25 June 1993. At the meeting, it was decided that the drug control efforts of the countries in the subregion should be limited through the Economic Community of West African States and that adequate drug control structures and institutions should be established in the subregion, at both the national and the subregional levels, before June 1994.

2. Americas

36. Most countries in the Americas take part in either regional or international cooperation. Argentina, Bolivia, Brazil, Chile, Paraguay and Uruguay have participated in law enforcement cooperation. Cooperation between countries in the field of demand reduction seems to be weak. Some Governments have indicated that the exchange of information on primary education and the training of professionals could be further developed.

3. Europe

37. One third of the countries in Europe are members of the European Economic Community and a number of them are members of the Pompidou Group of the Council of Europe. Within the framework of those forums many countries cooperate in regional activities aimed at reducing illicit drug demand. The Nordic Committee on Narcotic Drugs has implemented a wide range of demand reduction activities. In general, regional and international cooperation is more common in the area of law enforcement than in demand reduction.

4. Near and Middle East

38. In the Near and Middle East, regional cooperation, which plays an important role in law enforcement and supply reduction, is scarce in the area of demand reduction.

F. Promotion of a balanced approach to drug control: expert forums on demand reduction

39. Since its establishment, UNDCP has been giving increasingly greater attention to demand reduction as Governments have pointed out on several occasions. In the past, more attention was paid to drugs of abuse through activities aimed at reducing and controlling their supply. There is a need to give increased attention to the people who abuse the drugs and to the reduction of illicit drug demand without competing with activities aimed at controlling illicit drug supply, thereby complementing and balancing the efforts of the international community. For this reason, UNDCP has increased its cooperation with Governments aimed at developing drug control master plans, establishing and strengthening national coordinating bodies, developing low-cost and effective methods to assess drug abuse extent, patterns and trends, and improving the planning and implementation of programmes and projects in the area of demand reduction.

40. The need for a more balanced approach has been reflected in the increased proportion of project activities in the area of demand reduction (27.1 per cent in the period 1992-1993 and an expected 28.9 per cent in the period 1994-1995) and in the increased role of multisectoral projects (which are expected to account for 19.5 per cent of all activities in the period 1994-1995).

41. At the subregional level, UNDCP organized the first expert forum on demand reduction in eastern and southern Africa at Nairobi from 1 to 5 November 1993. Representatives of national coordinating bodies and of ministries of health, education and social affairs participated in the forum, which was organized along lines similar to the regional meetings of Heads of National Drug Law Enforcement Agencies. Similar expert forums in Latin America, the Caribbean, western and central Africa and eastern Europe have been scheduled for 1994.

Notes

1/ Official Records of the Economic and Social Council, 1993, Supplement No. 9 (E/1993/9), para. 174.

2/ Ibid., para. 180.

UNITED NATIONS

ECONOMIC AND SOCIAL COUNCIL

Distr.
GENERAL

E/CN.7/1994/6
14 February 1994

ORIGINAL: ENGLISH

COMMISSION ON NARCOTIC DRUGS
Thirty-seventh session
Vienna, 13-22 April 1994
Item 7 of the provisional agenda*

REVIEW OF THE RESULTS OF THE HIGH-LEVEL PLENARY MEETINGS AT THE FORTY-EIGHTH SESSION OF THE GENERAL ASSEMBLY TO EXAMINE THE STATUS OF INTERNATIONAL COOPERATION AGAINST THE ILLICIT PRODUCTION, SALE, DEMAND, TRAFFIC AND DISTRIBUTION OF NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES

Note by the Secretariat

CONTENTS

	Paragraphs	Page
INTRODUCTION	1-2	2
I. INTERNATIONAL COOPERATION WITHIN THE UNITED NATIONS SYSTEM	3-4	2
A. Request of the General Assembly	3	2
B. Action by the Commission on Narcotic Drugs	4	2
II. IMPLEMENTATION OF THE INTERNATIONAL DRUG CONTROL INSTRUMENTS AND RECOMMENDATIONS ON SPECIFIC ISSUES	5-10	3
A. Request of the General Assembly	5-8	3
B. Action by the Commission on Narcotic Drugs	9-10	3

*E/CN.7/1994/1.

V.94-20906 9354T

INTRODUCTION

1. Pursuant to its resolution 47/99 of 16 December 1992, entitled "Examination of the status of international cooperation against the illicit production, sale, demand, traffic and distribution of narcotic drugs and psychotropic substances", the General Assembly held five high-level plenary meetings at its forty-eighth session. Following the deliberations of the high-level plenary meetings, the General Assembly adopted resolution 48/12 of 28 October 1993, on measures to strengthen international cooperation against the illicit production, sale, demand, traffic and distribution of narcotic drugs and psychotropic substances and related activities.

2. In that resolution, the General Assembly renewed its commitment to further strengthen international cooperation and increase substantially efforts against the illicit production, sale, demand, trafficking and distribution. It called upon States that had not yet done so to ratify the international drug control treaties and to implement fully their provisions. It also called upon all States to adopt the requisite national laws and regulations to strengthen national judicial systems and to undertake effective drug control activities with other States. In addition, the Assembly underlined the role of the Commission on Narcotic Drugs as the principal United Nations policy-making body on drug control issues. It reaffirmed the leadership role of the United Nations International Drug Control Programme (UNDCP) as the main focus for concerted international action for drug abuse control and as international coordinator of drug control activities, especially within the United Nations system. The Assembly also called upon States to take all necessary steps to implement the recommendations at the national, regional and international levels contained in the Global Programme of Action adopted at its seventeenth special session.

I. INTERNATIONAL COOPERATION WITHIN THE UNITED NATIONS SYSTEM

A. Request of the General Assembly

3. Concerning the enhancement of coordination within the United Nations system, the General Assembly, in its resolution 48/12, requested the Economic and Social Council at its coordination segment in 1994 to examine the status of international cooperation within the United Nations system against illicit drug production, sale, demand, trafficking and distribution, in order to recommend ways and means of improving such cooperation, and to report thereon to the Assembly at its forty-ninth session.

B. Action by the Commission on Narcotic Drugs

4. With regard to paragraph 8 of General Assembly resolution 48/12, the Commission, under item 8 of its provisional agenda, will monitor the development and implementation of the United Nations System-Wide Action Plan on Drug Abuse Control (E/1990/39 and Corr.1 and 2 and Add.1). In that connection, it may wish to recommend to the Economic and Social Council ways to enhance the status of international cooperation and coordination within the United Nations system. To assist the Commission in its deliberation, a document of the General Assembly and the Economic and Social Council will be made available to the Commission; the document, which is currently being prepared, will contain agency-specific implementation plans called for by the Assembly in its resolutions 47/100 and 48/112, section IV.

II. IMPLEMENTATION OF THE INTERNATIONAL DRUG CONTROL INSTRUMENTS AND RECOMMENDATIONS ON SPECIFIC ISSUES

A. Request of the General Assembly

5. In paragraph 9 of its resolution 48/12, the General Assembly requested the Commission on Narcotic Drugs, with the support of UNDCP and in cooperation with the International Narcotics Control Board (INCB), to monitor and evaluate action at the national and international levels in implementing the international drug control instruments, with a view to identifying areas of satisfactory progress and weakness, and to recommend to the high-level segment of the Economic and Social Council in 1995 appropriate adjustments of drug control activities whenever required.

6. In paragraph 10 of the same resolution, the Assembly requested the Commission and the Council, with the assistance of UNDCP and INCB, to consider and make recommendations on the issues listed in that paragraph, without excluding any other aspects that could be addressed. The issues listed in subparagraphs 10 (a) to (j) included the following: giving a higher priority to drug abuse; strengthening alternative development as a means of eliminating illicit drug trafficking; harmonizing national laws and regulations; combating international criminal drug organizations; taking into account the situation of transit and producing countries; eradicating links between terrorist groups, drug traffickers and other armed criminal groups; examining the question of penalties for offences related to drug trafficking; implementing all provisions of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/CONF.82/15 and Corr.2); promoting human resource development; and encouraging the involvement of non-governmental organizations and the private sector.

7. In subparagraph 10 (k) of Assembly resolution 48/12, the Commission and the Council were requested to consider taking into account, in the course of their work, the recommendations contained in the final report of the Secretary-General on the implementation by Member States of the Global Programme of Action (A/48/286).

8. In the same resolution, the General Assembly invited the Commission, at its thirty-seventh session, to take the necessary measures to implement that resolution, including consideration of the convening of an ad hoc expert group to contribute to the examination of the issues involved and to the identification of concrete action-oriented recommendations, and to report to the Assembly at its fiftieth session, through the Economic and Social Council.

B. Action by the Commission on Narcotic Drugs

9. In order to enable it to meet the requests of the General Assembly, the Commission should examine the most appropriate methodology of work in 1994 and 1995. Should the Commission decide to establish an ad hoc expert group in line with paragraph 11 of Assembly resolution 48/12, it should examine the nature, mandate, composition, financing, work methods and timetable of the expert group.

10. To facilitate its consideration of item 7 of its provisional agenda, the Commission will have before it a working paper, presenting options for its future work, based on informal consultations involving the Permanent Missions to the United Nations Office at Vienna.

UNITED NATIONS

ECONOMIC AND SOCIAL COUNCIL

Distr.
GENERAL

E/CN.7/1994/7
11 February 1994

ENGLISH
ORIGINAL: FRENCH

COMMISSION ON NARCOTIC DRUGS
Thirty-seventh session
Vienna, 13-22 April 1994
Item 9 of the provisional agenda*

COORDINATION OF DRUG-RELATED ACTIVITIES AND COOPERATION BETWEEN THE UNITED NATIONS INTERNATIONAL DRUG CONTROL PROGRAMME AND THE CRIME PREVENTION AND CRIMINAL JUSTICE BRANCH OF THE SECRETARIAT**

Note by the Secretariat

Summary

The present document describes the follow-up to the requests contained in Commission on Narcotic Drugs resolutions 8 (XXXVI) and 10 (XXXVI). Cooperation between the United Nations International Drug Control Programme and the Crime Prevention and Criminal Justice Branch continued in 1993 and took the following forms: identification of areas where collaboration could be strengthened in the matter of legal assistance, joint participation in two seminars, preparations for the Ninth United Nations Congress on the Prevention of Crime and the Treatment of Offenders to be held in 1995 and for a seminar in the United Kingdom, and finalization of a project for coordinating criminal justice and drug control activities at the national level.

* E/CN.7/1994/1.

** This document has been translated from an unedited original.

V.94 20855 6847E

Introduction

1. At its thirty-sixth session, the Commission on Narcotic Drugs examined ways of improving cooperation between the United Nations International Drug Control Programme (UNDCP) and the Crime Prevention and Criminal Justice Branch (CPCJB). In that connection, the Commission adopted resolution 10 (XXXVI), in which the Executive Director of UNDCP was requested:

- In his capacity as Director-General of the United Nations Office at Vienna, to coordinate the activities of the Programme and those of the Crime Prevention and Criminal Justice Branch (paragraph 4); and also

- To report to the Commission on Narcotic Drugs at its thirty-seventh session and to the Commission on Crime Prevention and Criminal Justice at its third session on the most appropriate ways to achieve effective and efficient coordination and cooperation between those two bodies (paragraph 6).

Coordination of activities in 1993

2. The Crime Prevention and Criminal Justice Branch participated in the work of the Expert Working Group on Mutual Legal Assistance and Related International Confiscation at its meeting organized by UNDCP in February 1993 at Vienna. The group examined the difficulties encountered by States in implementing mutual legal assistance and confiscation measures. With the assistance of 28 experts and observers, an inventory was drawn up of existing legislative provisions, regional agreements and bilateral treaties, the outcome of which was the formulation of a series of recommendations.

3. In March 1993, the Crime Prevention and Criminal Justice Branch participated in the Interregional Investigation Techniques Course on Money Laundering organized in Malta by UNDCP for law enforcement agents. This training seminar was arranged for 26 representatives of the law enforcement services of eight countries. In October 1993, UNDCP participated in the expert working group meeting organized by the Crime Prevention and Criminal Justice Branch on the implementation of United Nations model treaties on judicial cooperation.

4. In addition, a number of joint projects for the future are currently being prepared by UNDCP and the Crime Prevention and Criminal Justice Branch.

5. At the request of the Crime Prevention and Criminal Justice Branch, UNDCP has agreed to assist in the organization and financing of a seminar due to take place in March 1994 at the Centre for Development Studies at the University College of Swansea, United Kingdom, for the purpose of establishing priorities in the areas of criminal justice and drug control. This seminar will be subsidized by a British governmental organization, the Overseas Development Administration.

6. UNDCP has participated in the first regional preparatory meeting (Bangkok) for the Ninth United Nations Congress on the Prevention of Crime and the Treatment of Offenders, to be held in 1995. UNDCP intends to join in the efforts to draw up a multi-institutional document on the links existing between drugs and crime. It will also be represented at the other preparatory meetings.

7. Finally, with regard to the modernization and the improvement of the efficiency of national judicial systems in their efforts to combat drug trafficking, as referred to in resolution 8 (XXXVI) adopted by the Commission on Narcotic Drugs at its thirty-sixth session, a project currently in the process of finalization is aimed at improving the coordination of criminal justice and drug control activities in order to deal with the heavy burden imposed by drugs on the judicial system, particularly with regard to prisons. Initially, this will involve the organization and coordination of the work of consultants who are to identify the various mechanisms in operation in different regions, with a view to making them available to countries wishing to adapt them to their own situation.

Seeking ways of coordination

8. As regards seeking the most appropriate ways to achieve effective coordination, the Executive Director organized a meeting, as a result of which a working group, led by two senior officials of the two bodies, was set up with the tasks of identifying areas where cooperation between UNDCP and the Crime Prevention and Criminal Justice Branch could be strengthened and of drawing up proposals concerning the forms that such strengthening of cooperation could take.

9. In December 1993, the working group prepared a guideline document, which lists four areas of cooperation with the Crime Prevention and Criminal Justice Branch:

(a) Incorporation of anti-drug legislation in national penal codes;

(b) Action to combat money laundering and organized crime in general;

(c) Consideration to be given to the requirements regarding protection of individual liberties in the drafting of anti-drug legislation;

(d) Preparation of guidelines and manuals on international mutual assistance in criminal matters.

10. From a technical point of view, joint work on these four points is scheduled to begin in the first quarter of 1994. This will make it possible to respond to the precise needs that have been identified, particularly with regard to legal assistance. The weaknesses observed in many States in connection with legislative and judicial mechanisms to combat drugs in fact often stem from more general shortcomings affecting the entire criminal justice system. The assistance to be provided will accordingly be all the more effective since it will be carried out in a concerted manner by organizations acting jointly on these two levels.

UNITED NATIONS

ECONOMIC AND SOCIAL COUNCIL

Distr.
GENERAL

E/CN.7/1994/8
10 February 1994

ORIGINAL: ENGLISH

COMMISSION ON NARCOTIC DRUGS
Thirty-seventh session
Vienna, 13-22 April 1994
Item 6 of the provisional agenda*

MONITORING OF THE IMPLEMENTATION OF THE GLOBAL PROGRAMME OF ACTION

Note by the Secretariat

Summary

The present document sets out background information on events leading up to the adoption by the General Assembly of its resolution 48/112, and suggests action that the Commission may wish to take pursuant to that resolution, in particular section III of that resolution, concerning the Global Programme of Action.

CONTENTS

	Paragraphs	Page
INTRODUCTION	1	2
I. ACTION BY THE GENERAL ASSEMBLY	2	2
II. ACTION REQUIRED BY THE COMMISSION	3-6	2
Annex. Draft questionnaire on activities undertaken by Member States in 1994 relating to the implementation of the Global Programme of Action adopted by the General Assembly at its seventeenth special session		4

*E/CN.7/1994/1.

V.94-20789 9353T

INTRODUCTION

1. On 16 December 1992, the General Assembly adopted resolution 47/99, entitled "Examination of the status of international cooperation against the illicit production, sale, demand, traffic and distribution of narcotic drugs and psychotropic substances". In that resolution, the Assembly decided to hold high-level plenary meetings at its forty-eighth session to examine the status of international cooperation against illicit drug production sale, demand, traffic and distribution. Also in that resolution, the Assembly requested the Secretary-General to present, at the thirty-sixth session of the Commission on Narcotic Drugs, an evaluative report containing recommendations on measures to be taken regarding, inter alia, the implementation by Member States of the Global Programme of Action adopted by the General Assembly at its seventeenth special session (General Assembly resolution S-17/2, annex). Also in its resolution 47/99, the Assembly requested the Commission to submit, through the Economic and Social Council, its comments regarding the report of the Secretary-General to be presented to the Assembly at the high-level plenary meetings of its forty-eighth session. In response to the request by the Assembly, an interim report on the implementation by Member States of the Global Programme of Action (E/CN.7/1993/7) was prepared for the consideration of the Commission at its thirty-sixth session. Taking into account the views, concerns and recommendations of the Commission on that report, as well as information supplied by Governments during the discussion on that subject at the thirty-sixth session of the Commission, a more detailed report (A/48/286) was presented to the Assembly at the high-level plenary meetings of its forty-eighth session.

I. ACTION BY THE GENERAL ASSEMBLY

2. On 20 December 1993, the General Assembly adopted resolution 48/112, on international action to combat drug abuse and illicit production and trafficking. In section III of that resolution, which deals with the Global Programme of Action, the Assembly requested the Commission on Narcotic Drugs to take into account the recommendations contained in the report of the Secretary-General on the implementation by Member States of the Global Programme of Action (A/48/286) when reviewing the implementation of the Global Programme of Action as mandated by the Economic and Social Council in its resolution 1991/38. Also in section III of its resolution 48/112, the Assembly requested the Commission and the United Nations International Drug Control Programme (UNDCP) to consider ways and means of facilitating reporting by Governments on the implementation of the Global Programme of Action, so as to increase the level of responses.

II. ACTION REQUIRED BY THE COMMISSION

3. When carrying out its review of the implementation of the Global Programme of Action, the Commission, in further considering the recommendations contained in the report of the Secretary-General on the implementation of the Global Programme of Action (A/48/286, para. 15), may wish to determine different levels of priority for the recommendations and to bring the more urgent ones to the attention of Governments for implementation as appropriate.

4. To facilitate reporting requirements, as requested by the General Assembly, and to ensure that future documentation before the Commission is of the best possible quality, the Commission might wish to determine what procedure should

be used to obtain useful information from Governments on their implementation of the Global Programme of Action and how that information should be presented to the Commission. The annual reports questionnaire, used to collect various data relating to the implementation of the international drug control treaties and the International Drug Abuse Assessment System, has become somewhat cumbersome and is under review for further simplification. In view of that fact, it may be preferable to use a separate, simple reporting system to obtain information from Governments on the implementation of the Global Programme of Action.

5. The reporting system could be based on a one- or two-page questionnaire to ensure that government replies follow to a single reporting format. Each year, the questionnaire could be sent under cover of a note verbale in February with the request that reports covering the 12-month period ending 31 December of the previous year be conveyed to the secretariat of the Commission by the end of May. A standardized report would then be prepared for submission to the General Assembly at the end of the year, as required under paragraph 97 of the Global Programme of Action. That report would be available to the Commission so that it could fulfil its monitoring function and its comments would be forwarded to the Economic and Social Council in the report of the Commission.

6. To assist the Commission in its consideration of the matter, a draft questionnaire is annexed to the present document.

Annex

DRAFT QUESTIONNAIRE ON ACTIVITIES UNDERTAKEN BY MEMBER STATES IN 1994 RELATING TO THE IMPLEMENTATION OF THE GLOBAL PROGRAMME OF ACTION ADOPTED BY THE GENERAL ASSEMBLY AT ITS SEVENTEENTH SPECIAL SESSION

Reporting country: .....

The object of the present questionnaire is to gauge the implementation by Member States of the Global Programme of Action annexed to General Assembly resolution S-17/2 and to highlight problems Governments may encounter in its implementation. The questionnaire roughly follows the titles of the subsections in section II of the Global Programme of Action, focusing on those issues on which Governments have been invited to undertake specific activities.

Replies to the questionnaire will assist the Secretary-General in reporting annually to the General Assembly on the implementation of the Global Programme of Action, pursuant to paragraph 97 of the Global Programme of Action. The report of the Secretary-General will enable the Commission on Narcotic Drugs to monitor the implementation of the Global Programme of Action, as mandated by the Economic and Social Council in its resolution 1991/38.

Please provide the name, address, and telephone, telex and telefax numbers of the authority reponsible for completion of this questionnaire, to whom any queries should be addressed.

Name of authority: .....

Address: .....

Telephone: ..... Telex: ..... Telefax: .....

Please describe in broad terms activities undertaken pursuant to section II of the Global Programme of Action. The activities should be described under the corresponding subsections in section II, the titles of which are provided below.

A. Prevention and reduction of drug abuse with a view to elimination of the illicit demand for narcotc drugs and psychotropic substances

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

B. Treatment, rehabilitation and social reintegration of drug addicts

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

C. Control of supply of narcotic drugs and psychotropic substances

1. Eradication and substitution of illicit production of narcotic drugs, and eradication of illicit processing of such drugs and of illicit production and diversion of psychotropic substances

.....
.....
.....
.....
.....
.....

2. Licit production, manufacture and supply of narcotic drugs and psychotropic substances: measures taken to maintain a balance between them

.....
.....
.....
.....
.....
.....

3. Cooperation on the multilateral level; action taken to obtain support of financial institutions with the goal of identifying alternative development and crop substitution programmes

.....
.....
.....
.....
.....
.....

4. Monitoring and control mechanisms: measures taken to establish mechanisms to prevent diversion from legitimate purposes of specific chemical substances, materials and equipment frequently used in the illicit manufacture of drugs

.....
.....
.....
.....
.....
.....

D. Suppression of illicit trafficking in narcotic drugs and psychotropic substances

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

E. Measures taken against the effects of money derived from, used in or intended for use in illicit drug trafficking, illegal financial flows and illegal use of the banking system

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

F. Strengthening of judicial and legal systems, including law enforcement

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

G. Measures taken against the diversion of arms and explosives and illicit traffic by vessels, aircraft and vehicles

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....